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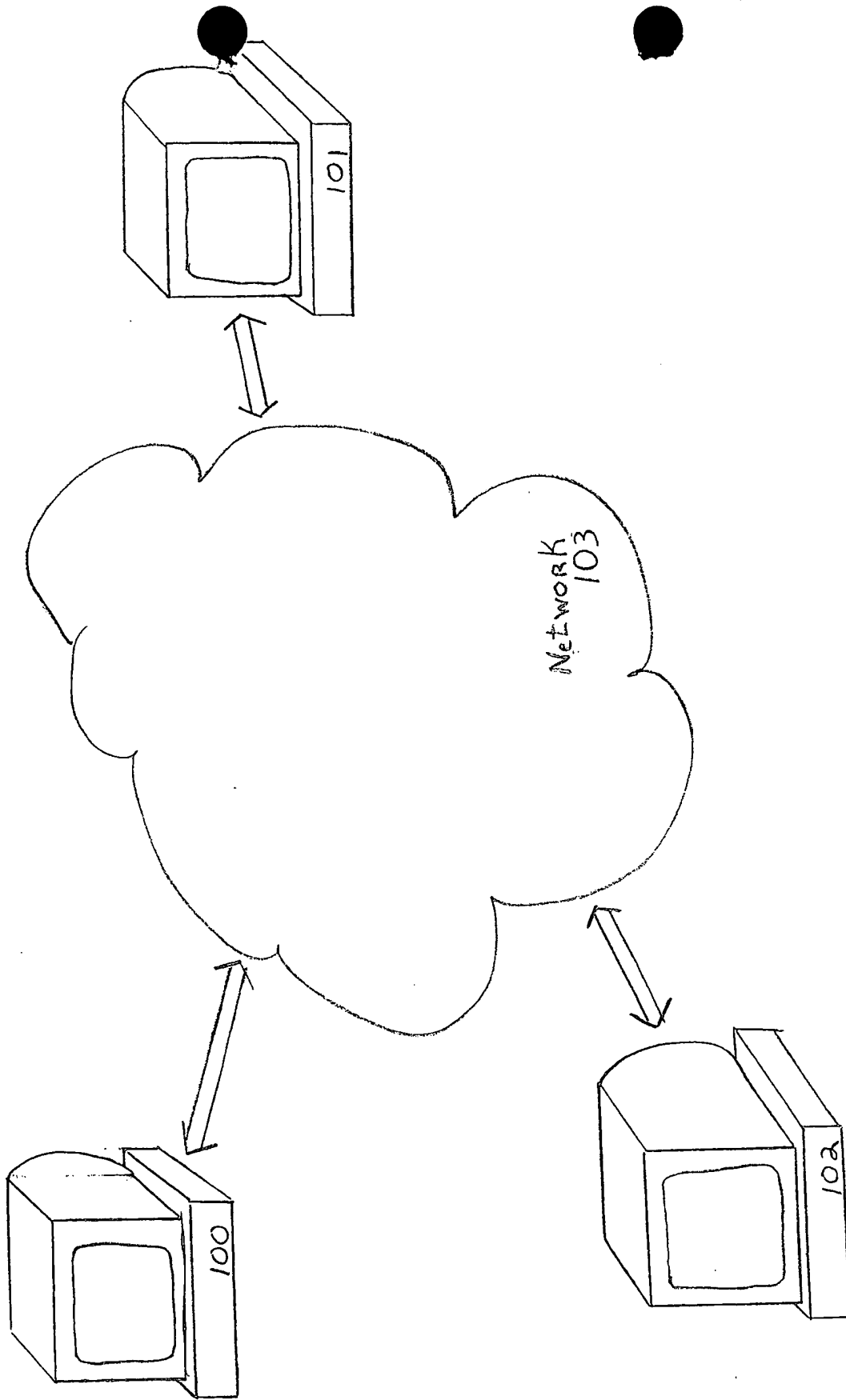
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Fig. 1A



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Application Architecture

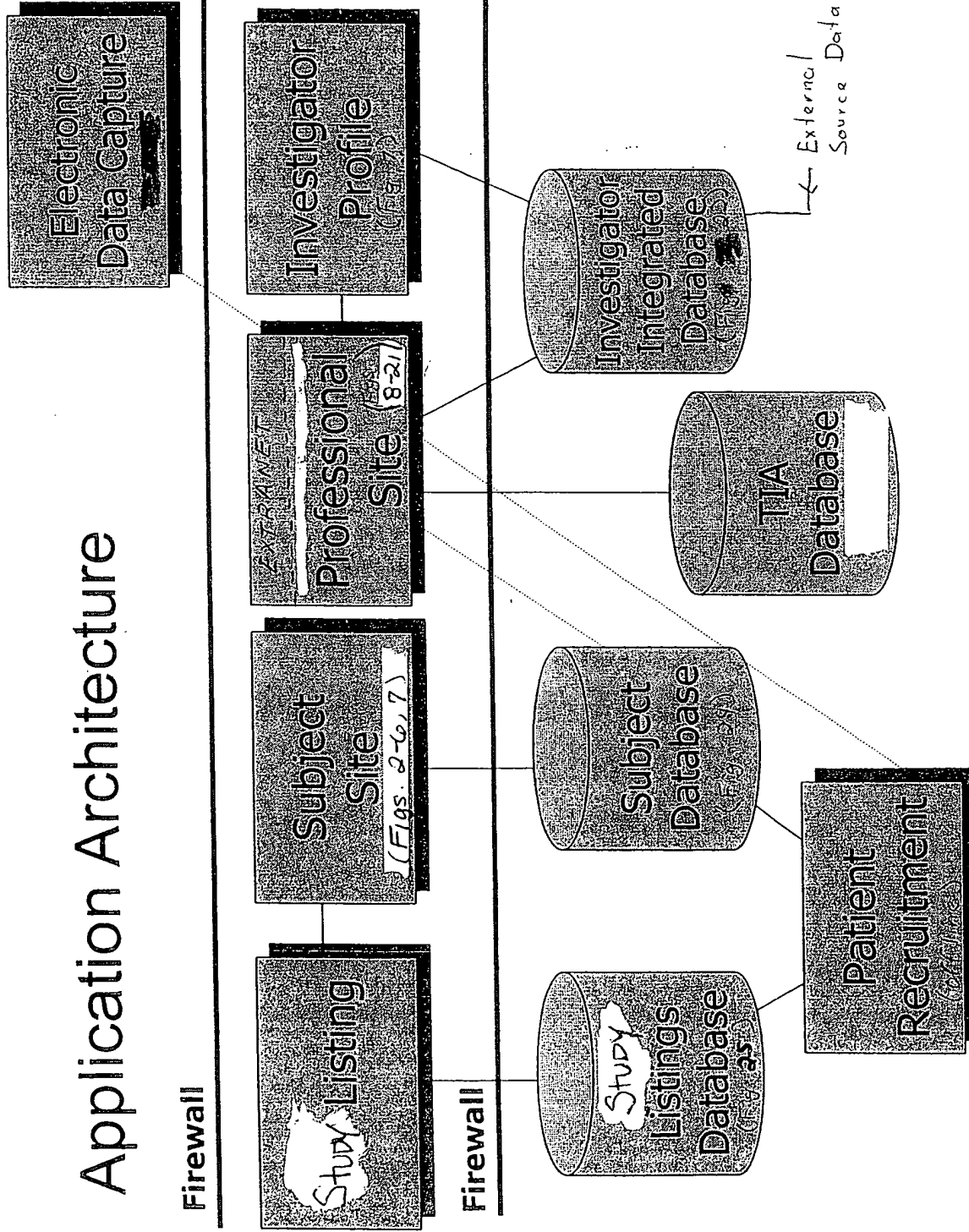


Fig. 1B

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Search clinical trials

Register 200

To register to become a member, just fill in the form below.

201 Email

202 Username Username 4-digits chars, no blank spaces

203 Password Password 4-digits chars, case-sensitive

Retype Password

Your privacy is of the utmost concern to us. For more information, read [Privacy & Security Policy](#). 204

As part of the registration process and to protect your privacy, we ask that you please choose one of the questions in the box below and type the answer into the second box. If you forget your password, this question will be given to you. After correctly answering the question, you will be asked to reset your password so you can have full access to the site.

Your question

205 Your answer, up to 45 characters.

Terms of Service

Please read the following Terms of Service agreement.

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TERMS OF SERVICE AGREEMENT

Benefits of Registration

Registered users will benefit from:

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- OUR comprehensive clinical trial listings - get trial information and out how you can be considered for participation in clinical trials
- The ability to ask questions of OUR medical experts
- Timely, relevant announcements of new trials and drug information
- Exclusive interactive tools, including your own personal library of news information
- Emails informing you of updates to our clinical trial listings, news and information, tailored to your selection.
- A personal profile used to optimize your experience.

FOR REFERENCE

FIG. 2B

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Search

Search clinical trials

Go

Home /

Personal Information

Add or modify your name, password, address and other information about you.

First Name

Last Name

Phone #

Address

City

State

ZIP Code

Email

Gender

☒ Male

☐ Female

300

301

302

Personal Information

Medical Condition

Contacts

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News Archive

Ask the Expert

About Clinical Trials

Tutorial

Therapeutic Area

Cancer

Neurological Conditions

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Review Clinical Trials

Ask Questions and More

Change My Password

Change My Question

Show My Library welcome page

Show My Profile welcome page

Yes No

Yes No

Save

Fig. 3

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FIGURE 4A

Search

Search clinical trials

Go

Home /

Medical Conditions

Select conditions that interest you and indicate the kind of information you would like to receive. Please select a therapeutic area in the pulldown menu and then click "View" to see the conditions that fall within that area.

If you'd like to see another therapeutic area, simply go to the pulldown menu, make another selection and then click "View." The page will automatically display the new therapeutic area.

Cancer

View

Feature Stories

News Archive

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Cancer

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Register Now

Review Clinical Trials

Ask Questions and More

Personal Information

Medical Condition

Contact

Cancer

Please email me updated information on:

Condition	Medical News/Drugs	Clinical Trial Opportunities
Abdominal Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Acute T-Cell Lymphoma	<input type="checkbox"/>	<input type="checkbox"/>
Adrenal Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Bladder Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Bone Marrow Transplant	<input type="checkbox"/>	<input type="checkbox"/>
Bone Metastases	<input type="checkbox"/>	<input type="checkbox"/>
Brain Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Breast Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Cancer Pain	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/Tumors	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Neoplasia	<input type="checkbox"/>	<input type="checkbox"/>
Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Colon Malignancies	<input type="checkbox"/>	<input type="checkbox"/>
Colon Polyps	<input type="checkbox"/>	<input type="checkbox"/>
Colorectal Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Effects of Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
Endometrial Cancer	<input type="checkbox"/>	<input type="checkbox"/>

FIG. 4A

[illegible]


1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1

[illegible]

Fig. 4B

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Spinal Cord	<input type="checkbox"/>	<input type="checkbox"/>
Malignancy	<input type="checkbox"/>	<input type="checkbox"/>
Stomach Cancer	<input type="checkbox"/>	<input type="checkbox"/>
T-Cell Lymphoma	<input type="checkbox"/>	<input type="checkbox"/>
Testicular Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Thrombocytopenia	<input type="checkbox"/>	<input type="checkbox"/>
Thymomas	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Vulvar Carcinoma	<input type="checkbox"/>	<input type="checkbox"/>
Wilms' Tumor	<input type="checkbox"/>	<input type="checkbox"/>

 Save

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FIG. 4C

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Search

Go

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About Clinical Trials

Search Clinical Trials

Cancer

Cardiology/Vascular Diseases

Dental/Maxillofacial Surgery

Dermatology Plastic Surgery

Endocrinology

Gastroenterology

Hematology

Immunology/Infectious Diseases

Musculoskeletal

Nephrology/Urology

Neurological Conditions

Obstetrics/Gynecology

Ophthalmology

Otolaryngology

Pediatrics/Neonatology

Pharmacology/Toxicology

Pulmonary/Respiratory Diseases

Rheumatology

Trauma/Emergency Medicine

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Clinical Trials FAQ

Introduction: What are clinical trials?

Why are clinical trials important?

The clinical trial process.

How are participant's rights and safety protected during a clinical trial?

Who pays for clinical trials?

Where can you get more information about clinical trials?

Questions you need to ask.

Common terms used in clinical trials.

Introduction: What are clinical trials?

Quite simply, a clinical trial is a very carefully structured study that evaluates the effectiveness of a drug against a specific disease or condition. Clinical trials can focus on a new drug or they may be used to determine new uses for existing medications.

When a promising new medication is identified, the drug undergoes careful evaluation for safety and effectiveness through the clinical trial process. Typically, the doctors chosen to conduct clinical trials are experts within their medical specialties. The pharmaceutical or biotechnology company that is sponsoring the trial reports their findings to the U.S. Food and Drug Administration (FDA). The FDA reviews those findings and if they determine that the drug is both effective and safe to use, then they will make the

FIG. 5A

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Fig. 5A

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drug available for broader use by doctors and their patients.

Doctors conducting clinical trials frequently ask their patients if they are interested in volunteering to participate in a clinical trial. Each trial has different requirements for how it is conducted, such as conditions for patient eligibility, length of the study, dosage of the study drug, and types of medical procedures, to name a few. If you are interested in participating in a clinical trial, it is very important that you review these requirements with the doctor conducting the clinical trial to ensure your eligibility and to determine the potential benefits and risks from the trial.

If you are looking for clinical trials that may be beneficial for you, please search our clinical trials listing for details on type and location. This is the first step to review the exciting medical research on the potential new treatments of tomorrow that may benefit you today.

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Why are clinical trials important?

Clinical trials are important to increase medical knowledge and find better ways to help people. Generally, the goal of clinical trials is to introduce an investigational treatment that is safer and more effective than the standard treatment for a particular disease or condition. In addition, for those diseases for which there are no treatment options, research and clinical trials may be the only avenue to uncover a potential treatment.

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The clinical trial process.

After a drug is successfully tested in laboratory and animal studies, the FDA grants approval for testing to begin in humans. The testing of drugs in clinical trials - also called clinical studies or clinical research - usually occurs in three and sometimes four different phases or steps. Each phase normally involves a larger number of people.

Phase I. In Phase I trials, researchers study how quickly an investigational treatment works and how the human body processes the investigational treatment. They also try to find dose ranges that will produce the desired effects. Phase I trials typically involve healthy volunteers, but sometimes severely ill patients will participate in these trials.

Phase II. In these trials, the safety and effectiveness of an investigational treatment is studied in larger groups of people who have the disease or condition to be treated.

FIG. 5B

FORBIDDEN TO REPRODUCE

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Phase III. In Phase III trials, the safety and effectiveness of an investigational treatment are studied in larger populations of people for whom the drug is intended. Typically, there are hundreds or thousands of people in a Phase III trial. Often, the investigational treatment is compared with standard treatments in hopes of finding better ways to help people. The pharmaceutical or biotechnology company that is sponsoring the trial reports the findings from Phase III trials to the U.S. Food and Drug Administration (FDA).

Phase IV. Phase IV trials are also called post-marketing trials. Only after the FDA has determined that the medicine is both safe to use and equivalent or superior to existing therapies is it then made available for broader use by physicians and their patients. Phase IV trials take place after a drug has been approved. Findings from Phase IV trials provide additional information about the safety and efficacy of the drug.

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How are participant's rights and safety protected during a clinical trial?

The FDA is the government agency that develops policies and guidelines that protect the rights, safety, and well-being of people involved in clinical research. The rights and safety of people participating in clinical trials are also protected by an Institutional Review Board and by an informed consent form. An Institutional Review Board (IRB) is comprised of both physicians and lay people for the purpose of studying the design of the trial and ensuring that participant's rights are maintained. The informed consent form explains the clinical trial and outlines a participant's rights. You should always be given an informed consent form prior to enrolling in any clinical trial.

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Who pays for clinical trials?

- Sponsors fund clinical trials. This funding can come from the federal government via the National Institutes of Health (NIH) or directly from pharmaceutical and biotech companies.
- The clinical trial sponsor contracts with specialized physicians and/or researchers to administrate the trial. Settings for the trials could range from the physician's office to a hospital or research facility. Reimbursement for this service is typically paid out on a per-patient basis.
- Sponsors may pay you to participate in a clinical trial. Typically, these fees, when provided, are nominal.
- Medical care is often provided at no cost to the

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patients, but they still may be responsible for other expenses such as travel between their homes and the healthcare facility.

Patients may also have to pay for some medical procedures, tests, or hospital stays if these are considered a part of standard treatment and not part of the clinical trial. Before you enroll, you should determine exactly who pays for what services.

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Where can you get more information about clinical trials?

If you or someone you know has a medical problem and is thinking about taking part in a clinical trial, speak to your healthcare provider first. In taking an active role in the management of your health, you may want to work closely with your provider to find out if a particular clinical trial is right for you.

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Questions you need to ask.

- What is the length of your involvement in the clinical trial? How long will the trial last?
- Where will you have to go in order to participate in the clinical trial?
- What are the possible treatments you may receive while in the clinical trial?
- Do the treatment alternatives they provide cover all possible treatments for this disease? If not, what are your other treatment alternatives?
- What procedures are built into the study to keep you safe from harm while you are participating?
- What are the risks and benefits of participating in the clinical trial?
- If there are risks, what will happen should you have an adverse reaction to the treatment in the study?
- What costs may you incur if you participate?
- Will the treatment be available to you even after the clinical trial has concluded?
- Where are the funds coming from to conduct this trial? What is their purpose in sponsoring the trial?

You should also feel free to ask any other question about the trial you want answered.

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Common terms used in clinical trials.

Clinical trial: A clinical trial - also called a clinical study or clinical research - is a way to evaluate the safety and

Fig 5D

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[illegible]

Sponsor: The sponsor is the organization that funds a clinical trial and that develops a plan for the research. The organizations can be a pharmaceutical or biotech company, a research institution, or other health organization.

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[illegible]

Fig. 5F

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go

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Clinical Trials

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Search Clinical Trials

Use these search criteria to find clinical trials.

Select a condition

602

and/or

Select a state

603

601

604

Contact me for a clinical trial

Welcome to Clinical Trials

When a promising new medication is identified, careful evaluation of the safety and effectiveness of the drug then occurs in the clinical trials process. Typically, the doctors chosen to conduct clinical trials are experts within their medical specialties. Findings from the clinical trials are reported by the pharmaceutical or biotechnology company that is sponsoring the clinical trial to the US Food and Drug Administration — the FDA. Only after the FDA has determined from reviewing the findings from clinical trials that the medicine is both safe to use and effective is it then made available for broader use by doctors and their patients.

Doctors conducting clinical trials frequently ask their patients if they are interested in volunteering to participate in a clinical trial. Each trial has different requirements for how it is conducted, such as conditions for patient eligibility, length of the study, dosage of the study drug, and types of medical procedures, to name a few. If you are interested in participating in a clinical trial, it is very important that you review these requirements with the doctor conducting the clinical trial to ensure your eligibility and to determine the potential benefits and risks from the trial.

If you are looking for information on where clinical trials are taking place and the types of trials that are available, you can search our clinical trials listing. If you want to learn more about clinical trials, please see our About Clinical Trials page. These are the first steps in learning about clinical trials and in deciding how medical research on

clinical trials and in deciding how medical research on possible treatments for tomorrow may help you today.

clinical trials and in deciding how medical research on possible treatments for tomorrow may help you today.

About Clinical Trials will provide you with more information.

THE UNIVERSITY OF CHICAGO

FIG. 6B

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Search

Search clinical trials

go

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General Trial Interest Form

Please select the therapeutic areas and the specific conditions that interest you. Select up to three conditions below. Your selection(s) will be saved to the Medical Conditions section of My Profile, where you can select additional conditions.

Primarily interested

☒ for myself

☐ for someone else

Select therapeutic area

Select therapeutic area

Select therapeutic area

How would you like us to contact you?

☒ by email

☐ by phone

☐ by regular mail

First Name

Last Name

Phone #

ext.

Email

Address

City

State

ZIP Code

Best time to contact you

day

Willing to travel

1-10 miles

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608

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FIG. 6C

610

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Search: Search clinical trials

Register Step 1 of 3

Welcome!
To register with [blank] we invite you to complete the following questionnaire about you and your health. This should take approximately 5 minutes to complete. [blank] will use the information to present you with new medical therapy and clinical trial information that is of specific interest to you.

Your privacy and security are very important to us; therefore we encourage you to review our [Privacy & Security Policy](#).

Choose Your Username and Password

Please choose a username

Please choose a password

Please re-type your password

Choose your reminder question

Please enter your answer to the question

Are you seeking information for yourself, or for someone else?

☒ I am seeking information for myself
☐ I am seeking information for someone else

with

Internet


TOEFTS

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Medical News
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All About Clinical Trials
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Register Now
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Ask Questions and More

Fig. 6D

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Search Search clinical trials 

Personal Information / Medical Conditions Step 2 of 3

** denotes required information*

Personal Information

Salutation

First Name *
(Please enter your first name or the name you prefer to be called when you are welcomed to the site.)

Last Name

Birthdate (month/year)*

Gender *

Ethnic Background

Contact Information

Email Address *

Telephone Number - - ext.

Postal or Zip Code *




Country

☐ I do not want to receive information by e-mail.

Medical Conditions


By completing this section, you will help us to provide you with information that meets your interests.

I am interested in the following conditions * (you may choose more than one):

Medical Conditions: *		My Conditions:
<div>Acne AIDS/HIV Allergies Alopecia (Hair Loss)</div>	<div>Add </div> <div></div>	<div>Alopecia (Hair Loss) Cancer: Prostate Seizures (Epilepsy)</div>
	<div>Continue </div>	

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Search Search clinical trials 

Information Request Step 3 of 3

I would like to receive information about my conditions:

Alopecia (Hair Loss):

☐ Send me Clinical Trial Opportunities
☐ Send me News and New Medical Therapies
☐ Do not send me information

Cancer - Prostate:

☐ Send me Clinical Trial Opportunities
☐ Send me News and New Medical Therapies
☐ Do not send me information

Seizures (Epilepsy):

☐ Send me Clinical Trial Opportunities
☐ Send me News and New Medical Therapies
☐ Do not send me information

Terms and Conditions

Please read the following Terms and Conditions Agreement.

TERMS AND
CONDITIONS

By selecting "I Accept", you are accepting the Terms and Conditions above and will become a registered user.

Internet

650

Fig. 6F

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The screenshot shows a web browser window with a navigation bar at the top containing links: home, register, login, my library, my profile, about us, and help. Below the navigation bar is a search bar with the text 'Search clinical trials' and a 'go' button. On the left side, there is a vertical menu with the following items: Feature Articles, Medical News, Ask the Expert, All About Clinical Trials, Tutorial, Therapeutic Area, Cancer, Neurological Conditions, and a 'Register Now' button with sub-links 'Review Clinical Trials' and 'Ask Questions and More'. The main content area is titled 'Registration Complete' and contains the following text: 'Thank you for registering with us.', 'Your request to receive information about the conditions you selected is being processed; you should receive updates periodically.', 'As a result of your interest in clinical trial opportunities, we would like to ask you additional questions about your health and medical condition(s). These questions are similar to what a doctor, or other medical professional would ask you when you are being screened for participation in a specific clinical trial. This information is important in determining your possible preliminary eligibility for a specific clinical trial.', and 'Please take a few more minutes to answer the next set of questions, and keep in mind that these are optional. If you do not have time to complete the additional questions right now, you may update your profile the next time you login to acurian.com. Would you like to continue?'. At the bottom of the main content area are two buttons: 'Yes Continue' and 'No Return to Previous Activity'. The browser's status bar at the bottom shows 'Done' and 'Internet'.

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Search clinical trials go

Registration Complete

Thank you for registering with us.

Your request to receive information about the conditions you selected is being processed; you should receive updates periodically.

As a result of your interest in clinical trial opportunities, we would like to ask you additional questions about your health and medical condition(s). These questions are similar to what a doctor, or other medical professional would ask you when you are being screened for participation in a specific clinical trial. This information is important in determining your possible preliminary eligibility for a specific clinical trial.

Please take a few more minutes to answer the next set of questions, and keep in mind that these are optional. If you do not have time to complete the additional questions right now, you may update your profile the next time you login to acurian.com. Would you like to continue?

Yes Continue No Return to Previous Activity

Done Internet

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---	--	---	--

Search

Medications (Optional)

Step 1 of 5

Are you taking prescription (Rx) or over-the-counter (OTC) medications for these conditions?

Your Medical Conditions	Prescription	Over-the-Counter	No Medications
Alopecia (Hair Loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer : Prostate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures (Epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you take medications for any of the following conditions:

Medication	Yes	No
Allergies or Asthma	<input type="radio"/>	<input type="radio"/>
Heartburn	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
High Blood Pressure	<input type="radio"/>	<input type="radio"/>
Pain	<input type="radio"/>	<input type="radio"/>
Thyroid Disorders	<input type="radio"/>	<input type="radio"/>
Heart Conditions	<input type="radio"/>	<input type="radio"/>


Save and Continue

Save and Return to Previous Activity

Fig. 6H

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Search Search clinical trials 

Health Habits (Optional) Step 2 of 5

It is often important to know your health habits when presenting you with possible clinical trial opportunities

How often do you exercise?

- ☐ Never
- ☐ Once a week
- ☐ Twice a week
- ☐ Three times a week
- ☐ Four or more times a week
- ☐ Daily

How often do you visit your primary care physician?

- ☐ Once a year
- ☐ 2-4 times a year
- ☐ Every month
- ☐ I do not have a primary care physician

Do you smoke cigarettes?

- ☐ No, I have never smoked
- ☐ No, I quit smoking
- ☐ Yes, daily
- ☐ Yes, occasionally

If you smoke, how many cigarettes do you smoke per day?

Please enter: Cigarettes Per Day

If you smoke, how old were you when you started smoking?



Please enter: years old

Do you drink alcoholic beverages?

- ☐ No
- ☐ Yes, occasionally
- ☐ Yes, 1-2 drinks per day
- ☐ Yes, more than 2 drinks per day

Overall, how would you rate your health?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

 Done  Internet

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Clinical Trial Experience (Optional) Step 3 of 5

A clinical trial is a carefully structured study that evaluates the effectiveness of a drug against a specific disease or condition. Clinical trials can focus on a new drug or they may be used to determine new uses for existing medications.

The following questions ask about your experience and interest in participating in clinical trials. These questions are to help us know how many members of ourS have participated in clinical trials before.

How many clinical trials have you participated in?

☐ 0
☐ 1
☐ 2 - 3
☐ 4 or more

How interested would you be in participating in a clinical trial for a drug that might be used to treat any medical condition(s) you may have?

☐ Very Interested
☐ Somewhat Interested
☐ Not Sure
☐ Not Interested

If interested in clinical trial participation, how far would you be willing to travel to participate in a clinical trial?

☐ 1 - 10 miles
☐ 11 - 50 miles
☐ 51 - 100 miles
☐ More than 100 miles
☐ Any distance

Done

Fig. 6J

25/89

home | register | login | my library | my profile | about us | help

Search Search clinical trials

Clinical Trial Questions Step 4 of 5

Earlier in the registration process, you expressed interest in clinical trial opportunities. When you are screened for a clinical trial, the doctor at the trial site needs to know more information about your health and the medical condition(s) for which you have been diagnosed. Your answers to the following questions may help determine if you may potentially qualify for a specific clinical trial.

Listed below are the conditions you selected earlier in the questionnaire. After you answer questions about each condition, a check mark will appear to the right. Your information will be saved after you complete each section. If you are unable to complete these at this time, we will ask you to update your profile the next time you login to acurian.com.

Condition	Questionnaire Complete
Alopecia (Hair Loss)	<input checked="" type="checkbox"/>
Cancer: Prostate	<input type="checkbox"/>
Seizures (Epilepsy)	<input type="checkbox"/>

Feature Articles
Medical News
Ask the Expert
All About Clinical Trials
Tutorial
Therapeutic Area
Cancer
Neurological Conditions
Register Now
Review Clinical Trials
Ask Questions and More

Internet

Fig. GK

26/09

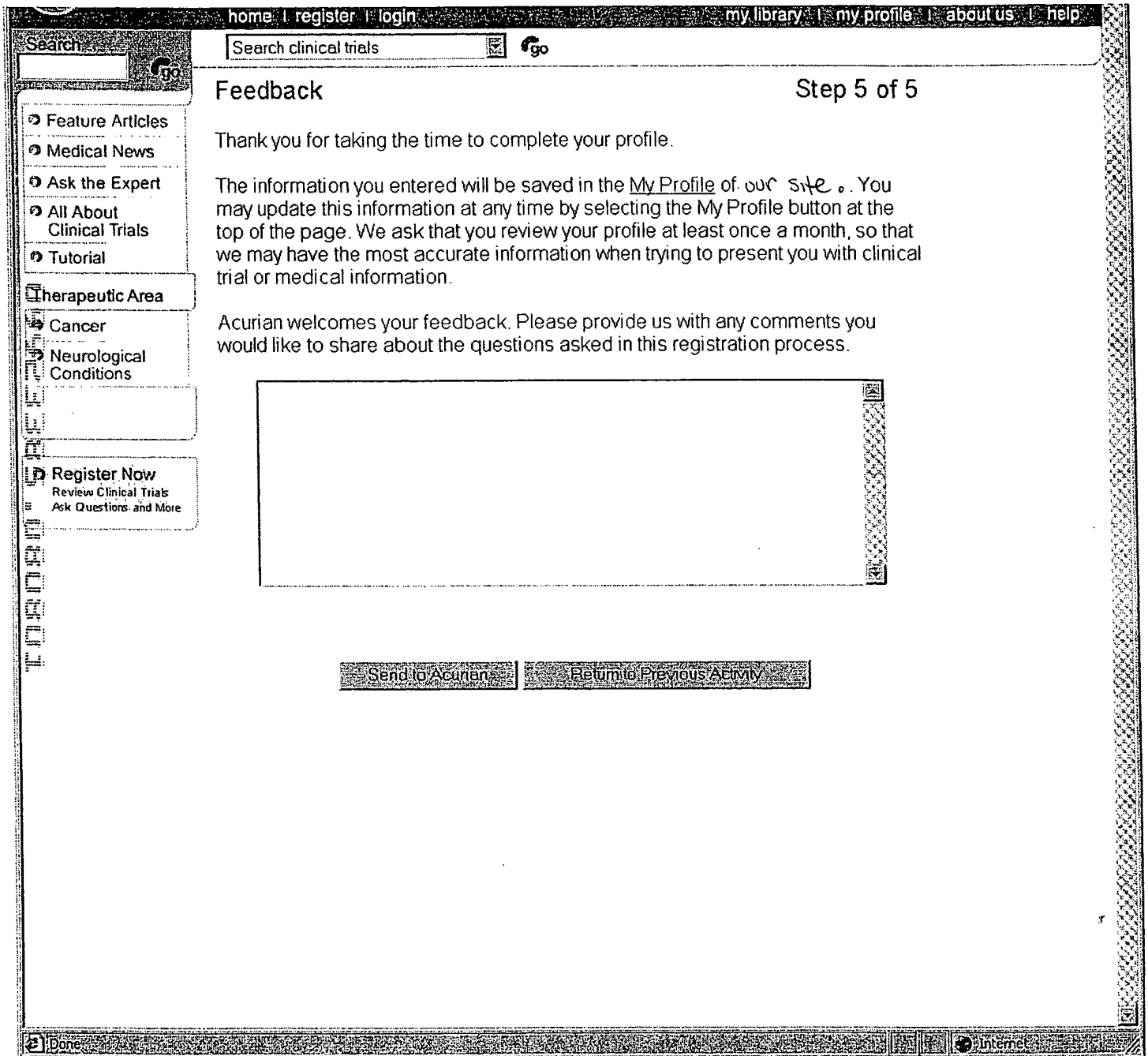
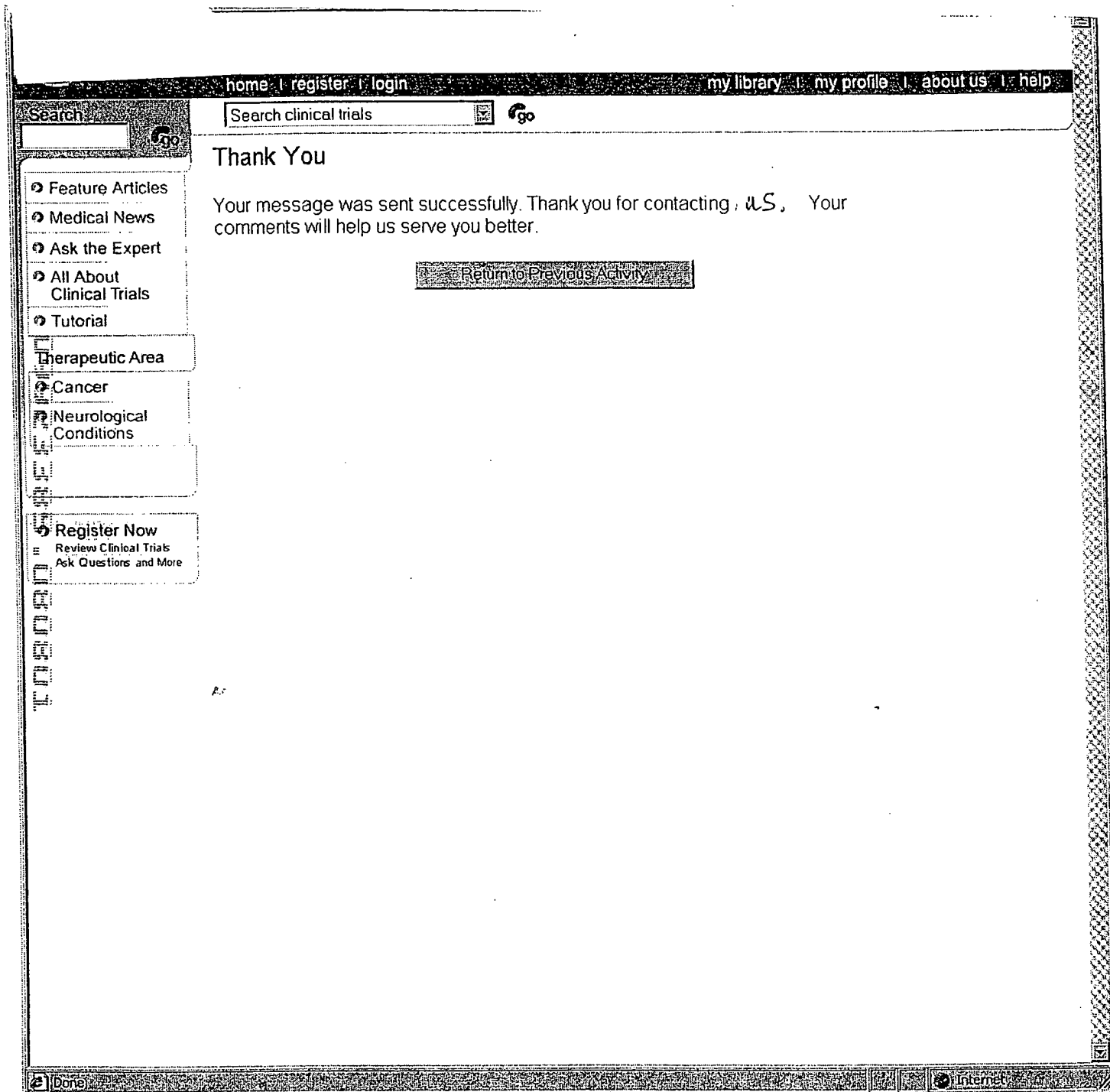


Fig. 6L

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24/09

2

Search

Search clinical trials

Go

Feature Stories

News Archive

Ask the Expert

About Clinical Trials

Tutorial

Therapeutic Area

Cancer

Neurological Conditions

Register Now

Review Clinical Trials

Ask Questions and More

Home / Knowledge Center /

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Welcome to My Library

Here's your chance to create a library of your very own. My Library is where you can store all kinds of information found throughout the site. Whether it's clinical trial information, abstracts on news articles, drug information, perspectives from our medical experts or personal stories, links to the items you select will be saved in this area for as long as you choose to keep them there. All you have to do is click the "Save to My Library" button found throughout the site.

In addition, you can type in personal notes along with the items you save. We will not access, use, or review your personal notes for any reason.

If you'd like to go directly to one of the five sections, select a link below:

- News
- Drug Information
- Clinical Trials
- Ask The Expert
- Feature Stories

☐ Do not show this page again.

FIG.  GN

24/89

Register

... / Investigator Questionnaire

Investigator Questionnaire

Step 1 of 3

Thank you for your interest in joining our investigator database. The following questionnaire will take approximately one hour to complete. The privacy and security of your information is important to us. All information you submit is transmitted over a secure server. For more information, read our ..

Asterisks (*) denote required fields.

Last Name *

First Name *

Middle Name

Degree(s) *

Primary Research
Facility's Organization or
Institutional Name *

Street Address *

City *

State / Province / Region * -- Select State/Province --

Country * -- Select Country --

Zip Code / Postal Code *

Phone (with area code) *

Telephone Extension

Fax (with area code)

Email Address

Primary Specialty * -- Select One --

Board Certification(s) * ☐ Yes ☐ No

Year of Certification

Board Eligible * ☐ Yes ☐ No

Sub Specialty

Board Certification(s) ☐ Yes ☐ No

Year of Certification

Board Eligible ☐ Yes ☐ No

Number of years

Investigator has
participated in trials? *

700

701

702

703

704

705

706

Fig 7A

30/89

Indicate all phases of clinical research in which the Investigator participated *

- ☐ Phase I ☐ Phase II
☐ Phase III ☐ Phase IV

706

How many investigators conduct research at this PRF? *

☐ investigators

707

Is the Investigator affiliated with:
(check all that apply)

- ☐ Local IRB ☐ Central IRB
☐ IEC (Canadian sites only)

If affiliated with a local IRB, what is its name?

How often does the local IRB meet?

- ☐ Weekly ☐ Bi-weekly
☐ Monthly ☐ As Needed
☐ Other

708

If "other", frequency of local IRB meeting?

How soon after the IRB meeting will you receive an approval letter?

Has the Investigator ever been audited by the Food & Drug Administration (FDA) or any other regulatory agency?

- ☐ Yes ☐ No

1. If yes, what was the date of the audit?

Who was the auditor?

If audited, was a 483 issued?

- ☐ Yes ☐ No

What were the results of the audit?

2. If yes, what was the date of the audit?

Who was the auditor?

If audited, was a 483 issued?

- ☐ Yes ☐ No

What were the results of the audit?

709

FIG. 7B

31/89

Has the Investigator gone through an audit by a sponsor or CRO?

☐ Yes ☐ No

1. If yes, what was the date of the audit?

Who was the auditor?

What were the results of the audit?

2. If yes, what was the date of the audit?

Who was the auditor?

What were the results of the audit?

710

Is your PRF

☐ Single specialty

☐ Multi-specialty

If PRF is multi-specialty, indicate specialties. (one per line)

711

Is your facility part of

☐ Solo practice

☐ Group practice

Is the facility affiliated with a Site Management Organization (SMO) or research group?

☐ Yes ☐ No

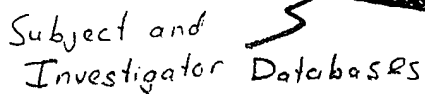
If affiliated, please specify the SMO name

If affiliated, is this an exclusive relationship?

☐ Yes ☐ No

1 1 1 1
1 1 1

FIG. 7C

[illegible]

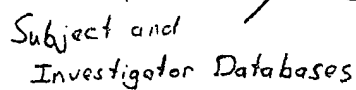
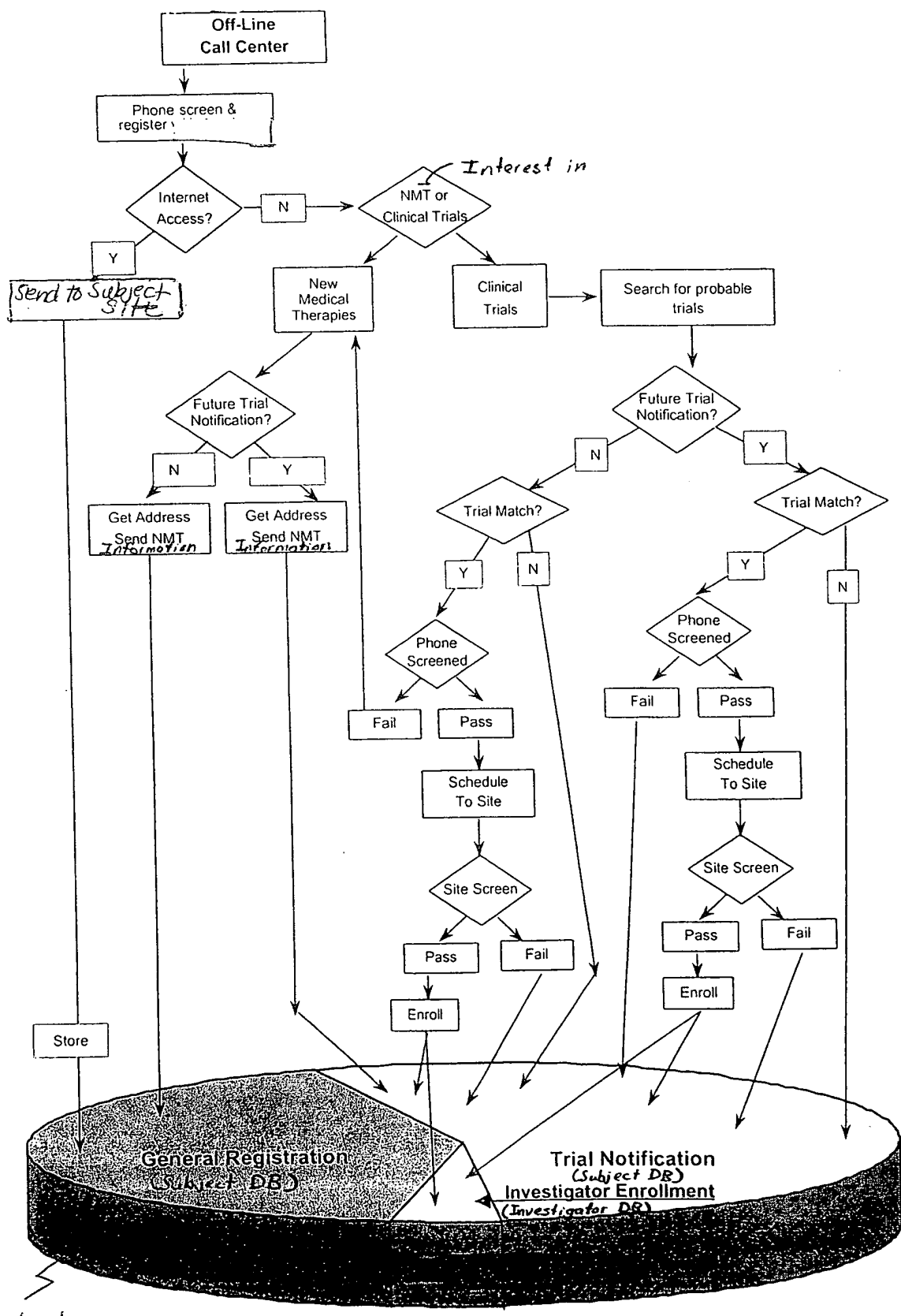
[illegible]

Fig. 7E

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TOO MANY "S" 000000

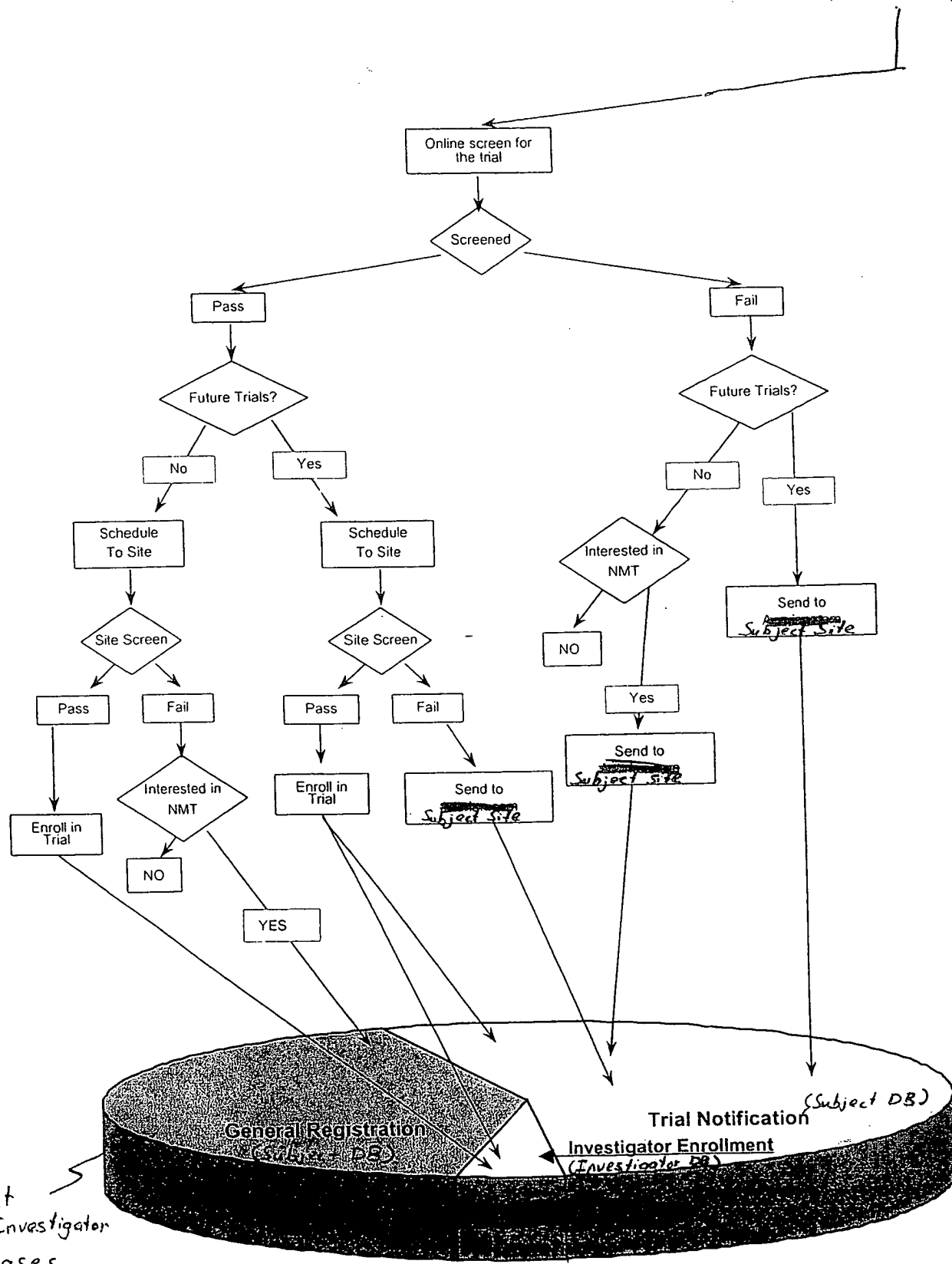


Subject and Investigator Databases

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Person Visits
3rd-Party On-line
Recruitment Site

TOP SECRET



Subject and Investigator
Databases

36/89

TOP SECRET

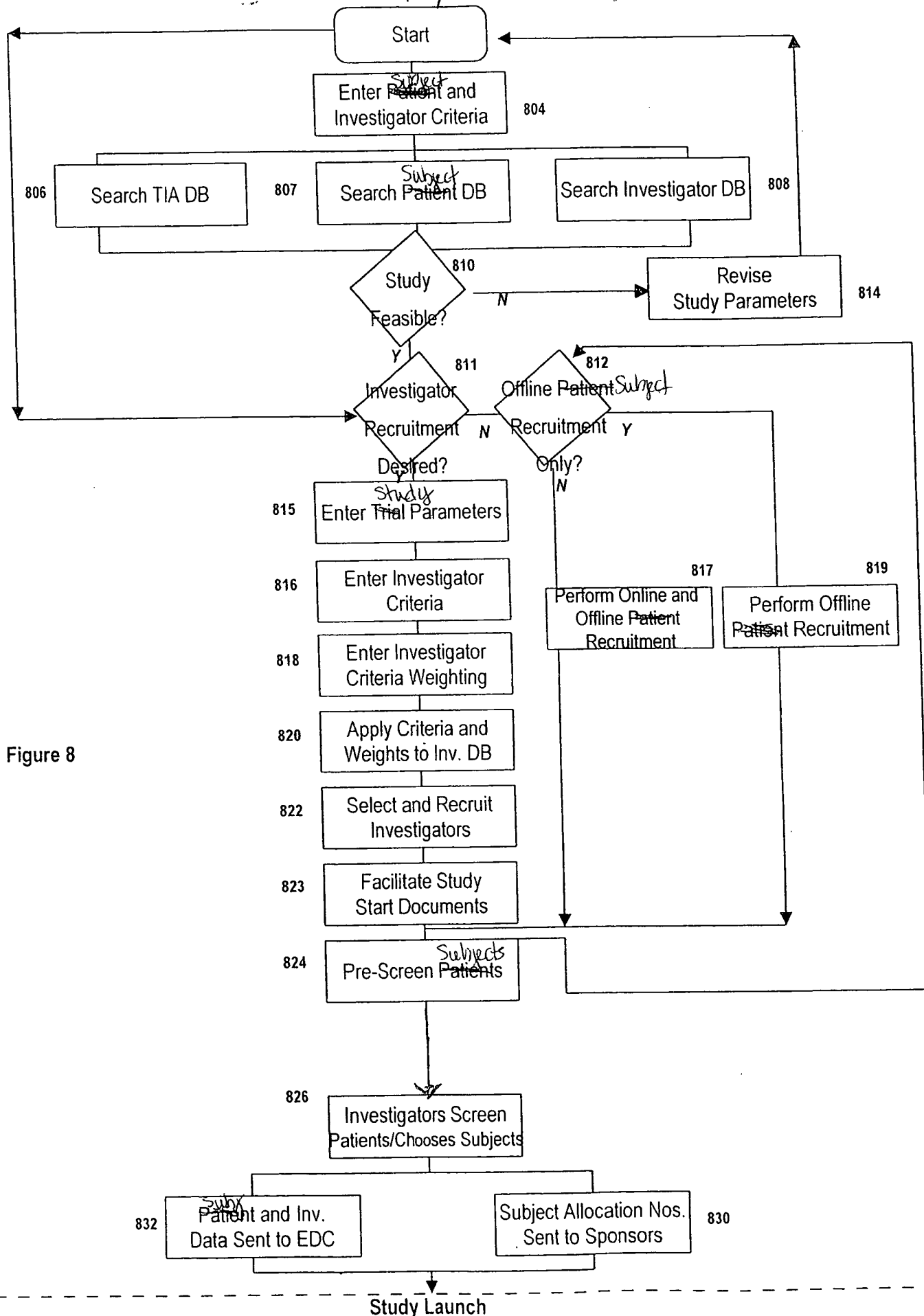
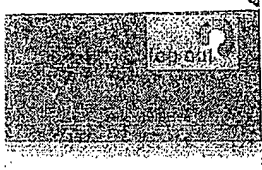


Figure 8

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Create Trial Parameters

To create an Active Trials files for a specific protocol please enter or select (from a drop down box) information to create trial parameters.

- Register
- Services
- FAQ

All fields required

Protocol Number

Protocol Title

Therapeutic Area --Select a Therapeutic Area--

Disease Indication --Select an Indication--

Projected Number of Sites

Projected Number of Patients per Site

Projected Trial Start Date January 2000 (Month/Year)

Projected Trial Stop Date January 2000 (Month/Year)

Projected Enrollment Period (in months)

Trial Phase -- Select Trial Phase --

Save Trial

Save & Search for Investigators

[illegible]

1 0 6 1

4/89

register

contact us | help

Welcome

Protocol Number
345678

Register

Services

FAQ

Document Summary

Document View

Investigator View

Home / Active Trials / Trial at a Glance / Document Tracking / Document View by Investigator

Document View by Investigator

Summary of document status by investigator. Click on any investigator to go to document history of the document selected in the drop down box. Study launch documents have been grouped into categories denoted by the tabs below. Click on a tab to view status of documents in that category.

FeasibilityRegulatoryFinancialVendor InfoCV / SignatureIRBMisc

Document: Questionnaire

Create New Document

Investigator	Date Sent	Date Rec'd	Date Completed
Smith J	1/27/01	1/27/01	1/28/01

Investigators:
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

42/89

From: Service Provider

Sent: June 6, 2000

To: Ms. Moore

Subject: Clinical Trial Opportunity

Dear Ms. Moore:

You may qualify for an upcoming clinical trial opportunity. For additional information go to <https://www.website.com/study/zz-234567-22>* and complete the study specific questionnaire.

Contact [service.com](http://www.service.com) with any questions or comments you may have.

Sincerely,

Service Provider

If you have received this message in error or no longer would like to be considered or contacted about clinical trials please go to <http://www.service.com/remove>

Fig. 14

In order to evaluate whether you may be eligible for this study, we will need to review some of your medical history. Are you legally able to provide us with this information for the potential study participant?

Yes, I am the potential study participant

Yes, I am a caregiver for the potential study participant with the ability to provide the potential participant's information for the purpose of seeking enrollment in clinical studies

No, I am not legally able to provide this information.

In answering the following questions, "you" or "your" refers at all times to the potential study participant.

Please provide your gender.

- ☐ Male
- ☐ Female

How did you hear about this study?

- ☐ Internet
- ☐ Newspaper Ad
- ☐ Newspaper Article
- ☐ Radio Ad
- ☐ Radio Public Service Announcement
- ☐ TV Ad
- ☐ TV program
- ☐ Physician
- ☐ Friend
- ☐ Support Group
- ☐ Patient Ed Materials
- ☐ Cardiology Newsletter
- ☐ Other, please specify: _____

The purpose of this medical research study is to evaluate the effect of an investigational drug on the ability to reason, remember, imagine, and learn in humans who have already been diagnosed with mild to moderate probable Alzheimer's Disease. You must live with a caregiver or receive daily visits from a responsible caregiver. The caregiver must be familiar with your recent medical history and be willing to come to 7 doctor visits for a period of 6 months.

After these questions are answered we may be able to refer you to a research site for further screening. After the site reviews your responses to the screening questions, a nurse or other person at the research facility will be calling you. At that time, it will be determined if a first visit should be scheduled to determine whether this study is appropriate for you.

Have you been diagnosed with Alzheimer's disease?

- ☐ Yes
- ☐ No

Have you experienced a deterioration in memory over at least the last 6 months?

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- ☐ Yes
- ☐ No

Click the box next to the following if you have experienced a decline in any of the following in at least the last 6 months:

- ☐ orientation
- ☐ judgement
- ☐ problem solving
- ☐ functioning in community affairs
- ☐ functioning in home or hobbies
- ☐ functioning in personal care

Do you live in a residential home?

- ☐ Yes
- ☐ No

Click the box next to the person who will serve in the role of Caregiver:

- ☐ I am the Caregiver
- ☐ Friend
- ☐ Relative
- ☐ Paid personnel
- ☐ No Caregiver

1. Please enter your date of birth:

Day Month Year (pull-down boxes)

- ☐ If female, continue with question 2
- ☐ If male, continue with question 6

2. Are you / Is (Patient) surgically sterile or post-menopausal for 1 year or more?

- ☐ Yes – continue with question #6
- ☐ No – continue with question #3

3. Do you / Does (Patient) have any other neurological conditions such as:

- ☐ Parkinson's disease
- ☐ Pick's disease
- ☐ Huntingtons chorea
- ☐ Down's syndrome
- ☐ Creutzfeldt-Jacob disease
- ☐ Other _____

4. Do you now or did you at any time, have one or more of the following conditions resulting in your memory or *cognitive* impairment:

FIG. 15B

- ☐ Major head injury
- ☐ Injury caused by trauma such as boxing
- ☐ Vitamin deficiency
 - ☐ Type [drop down menu]
- ☐ Brain abscess
- ☐ Syphilis
- ☐ Meningitis
- ☐ AIDS
- ☐ Brain cancer
- ☐ Thyroid, parathyroid, or pituitary disease
- ☐ Cushing's syndrome
- ☐ Kidney failure
- ☐ Uncontrolled diabetes
- ☐ Mental retardation

5. Do you have a history of any of the following:

- ☐ Stroke within the past 12 months
- ☐ Epilepsy or convulsions (Childhood convulsions caused by fever continue)
- ☐ Major depression
- ☐ Stomach ulcer that is currently being treated
- ☐ Liver, kidney, or lung disease
- ☐ Kidney stones

6. Have you had a heart attack or coronary artery bypass graft surgery within the past 6 months?

- ☐ No
- ☐ Yes

7. Do you experience angina (chest pain) that required a change in medication in the past 3 months?

- ☐ Yes
- ☐ No

8. Has a doctor told you that you have a heart rate that is slow or less than 50 beats per minute?

- ☐ Yes
- ☐ No

9. Do you take medication for high blood pressure or chronic low blood pressure?

- ☐ Yes
 - ☐ Medication(s) taken: [drop down menu]
- ☐ No
- ☐ Don't know

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10. Do you take any medications for the purpose of treating memory loss such as dementia?

- ☐ Yes
- ☐ No

11. Are you allergic to any medications?

- ☐ Yes
 - ☐ Which Medication(s) [drop down menu]
- ☐ No

12. Are you taking any other medications including vitamins or herbal supplements such as Ginkgo Biloba?

- ☐ Yes
 - ☐ Which Medication(s) [drop down menu]
- ☐ No

13. Have you ever been enrolled in a research study for galantamine?

- ☐ Yes
- ☐ No
- ☐ Don't know

14. Have you taken an investigational drug in the past 30 days or are you taking one now?

- ☐ No, I have not taken an investigational drug in the past 30 days
- ☐ Yes, I have taken an investigational drug in the past 30 days
- ☐ Yes, am taking an investigational drug now

15. How many drinks do you consume in a typical 24-hour period?

- ☐ 1-2 drinks
- ☐ 3-5 drinks
- ☐ 6-8 drinks
- ☐ more than 8 drinks

16. Have you/patient had a CT scan or MRI of the head during the last 12 months?

- Yes
- No

FIG. 15D

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SCREEN #2: PATIENT NOT ELIGIBLE FOR STUDY

We appreciate your interest in this study. Unfortunately, from the information you have provided, you are not a candidate for participation in this study. May we have your permission to contact you in the future with information about this or other studies?

- ☐ Yes, contact me.
- ☐ No, I do not want to be contacted.

103030 " 6862660

FIG. 15E

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SCREEN #3: PATIENT POTENTIALLY ELIGIBLE FOR STUDY:

Based on your responses, you may be eligible for the clinical study. We will forward this information to the research site you selected. The research site will contact you shortly to ask you further questions about your health, and possibly to schedule an appointment for the first visit. In the meantime, we will send you a Welcome Kit that contains information about the study. If the site does not contact you within 5 – 7 business days, please feel free to call the number that will be included in your mailed materials.

In the event that you do not participate in this particular study, may we have your permission to contact you in the future about other studies?

- ☐ Yes, contact me
- ☐ No, I do not want to be contacted

102030 5250

FIG. 15F

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FIG. 16

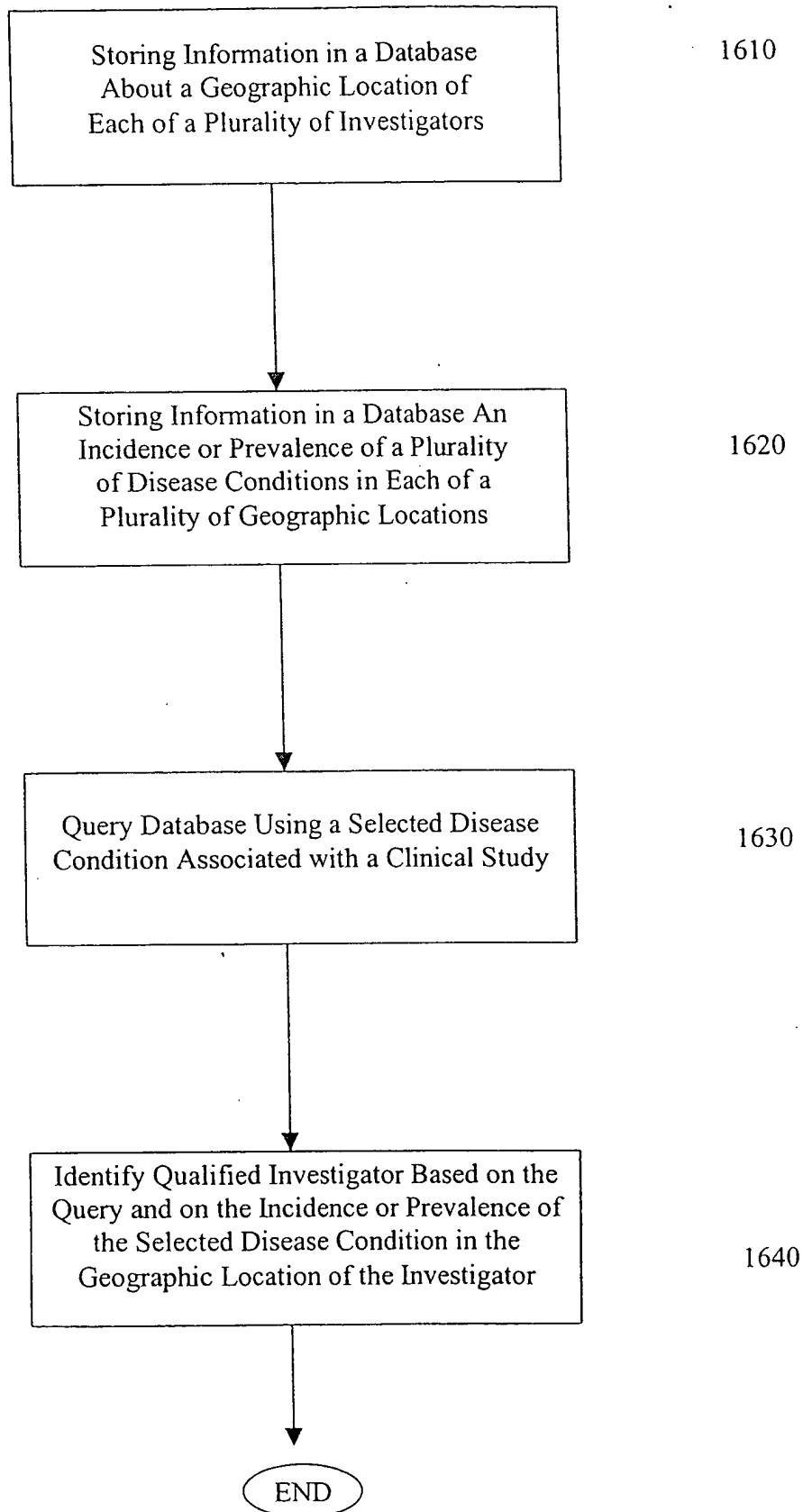


FIG. 16

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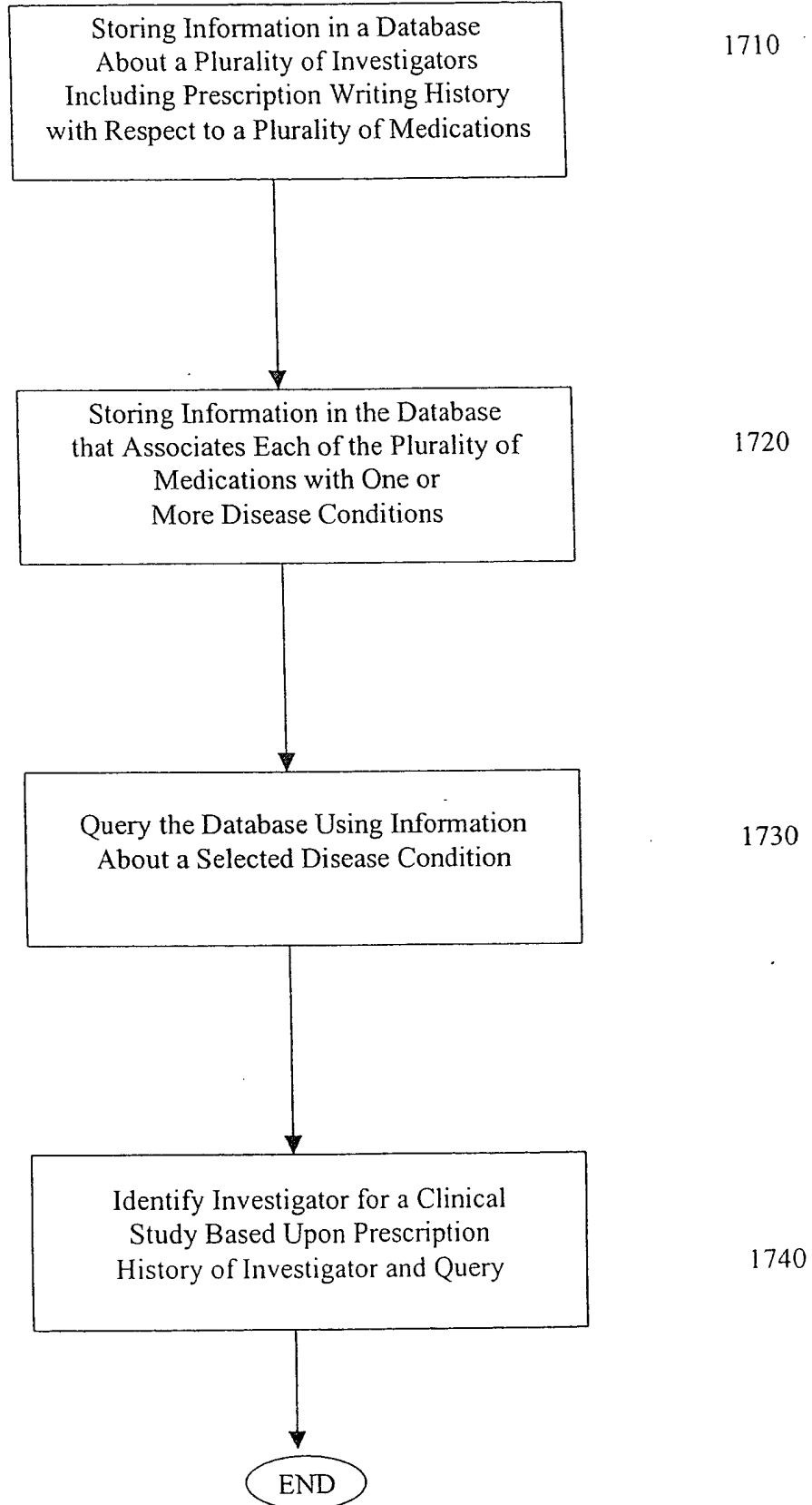


FIG. 17

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FIG. 18

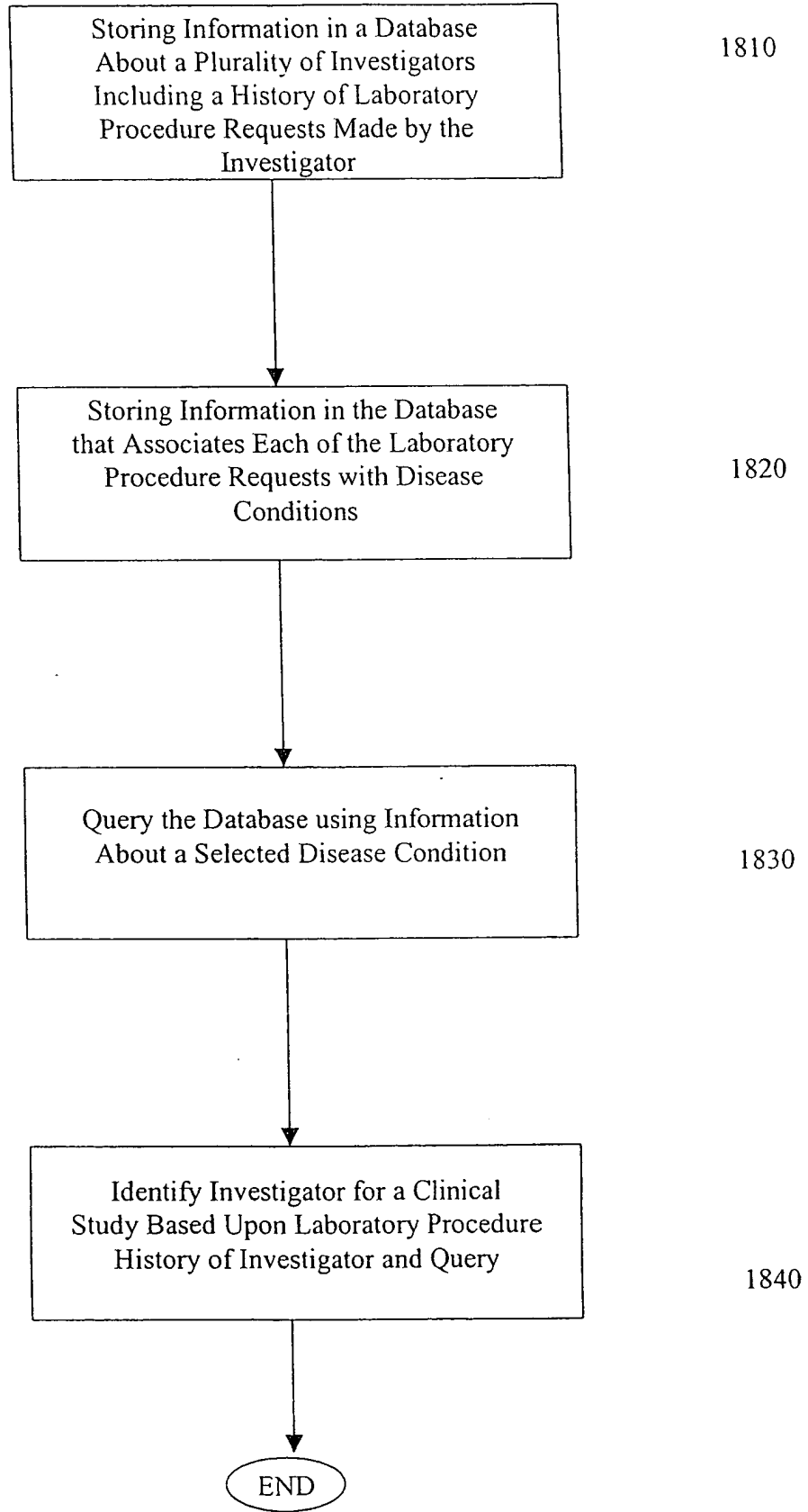


FIG. 18

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FIG. 19

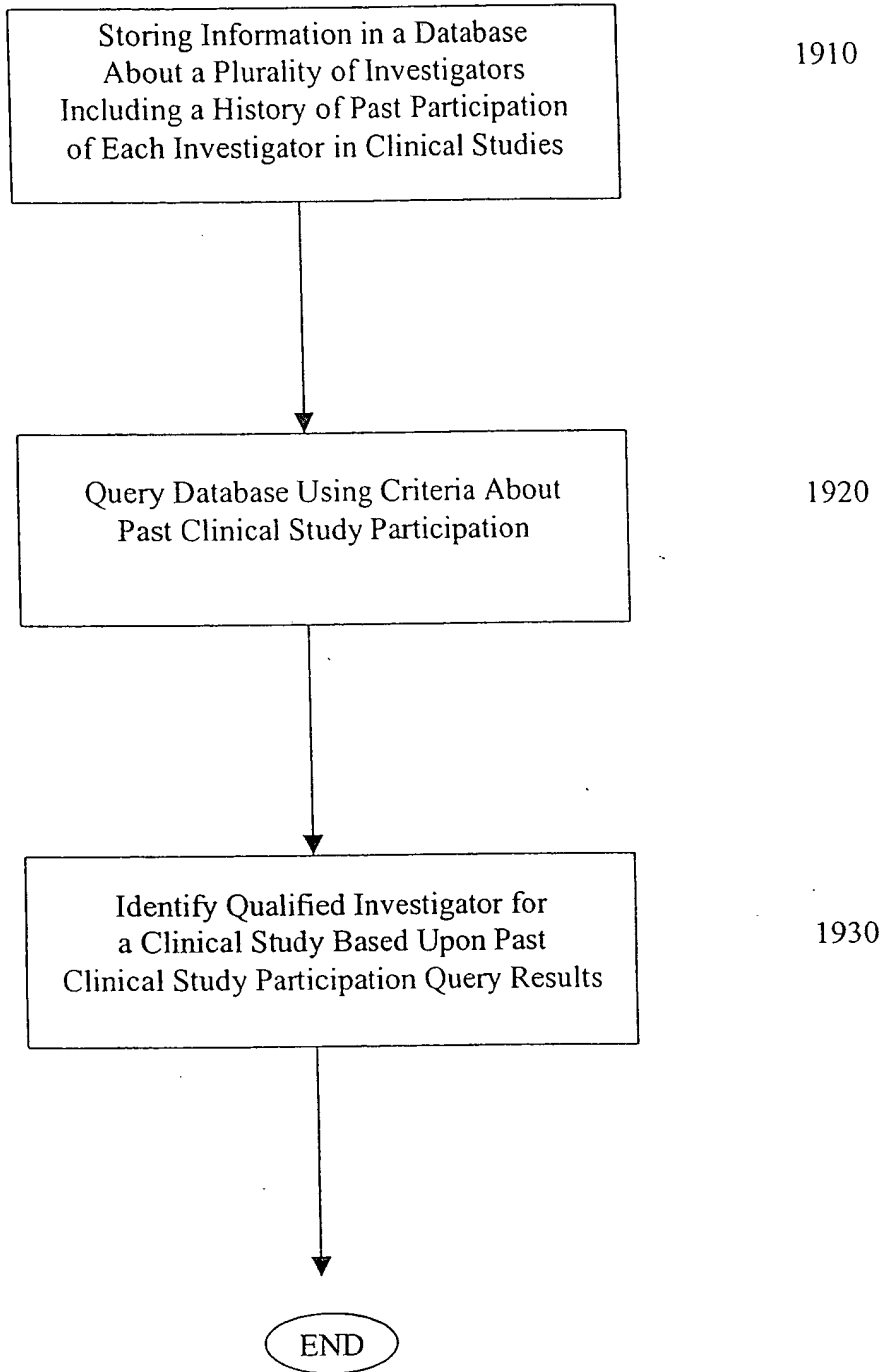
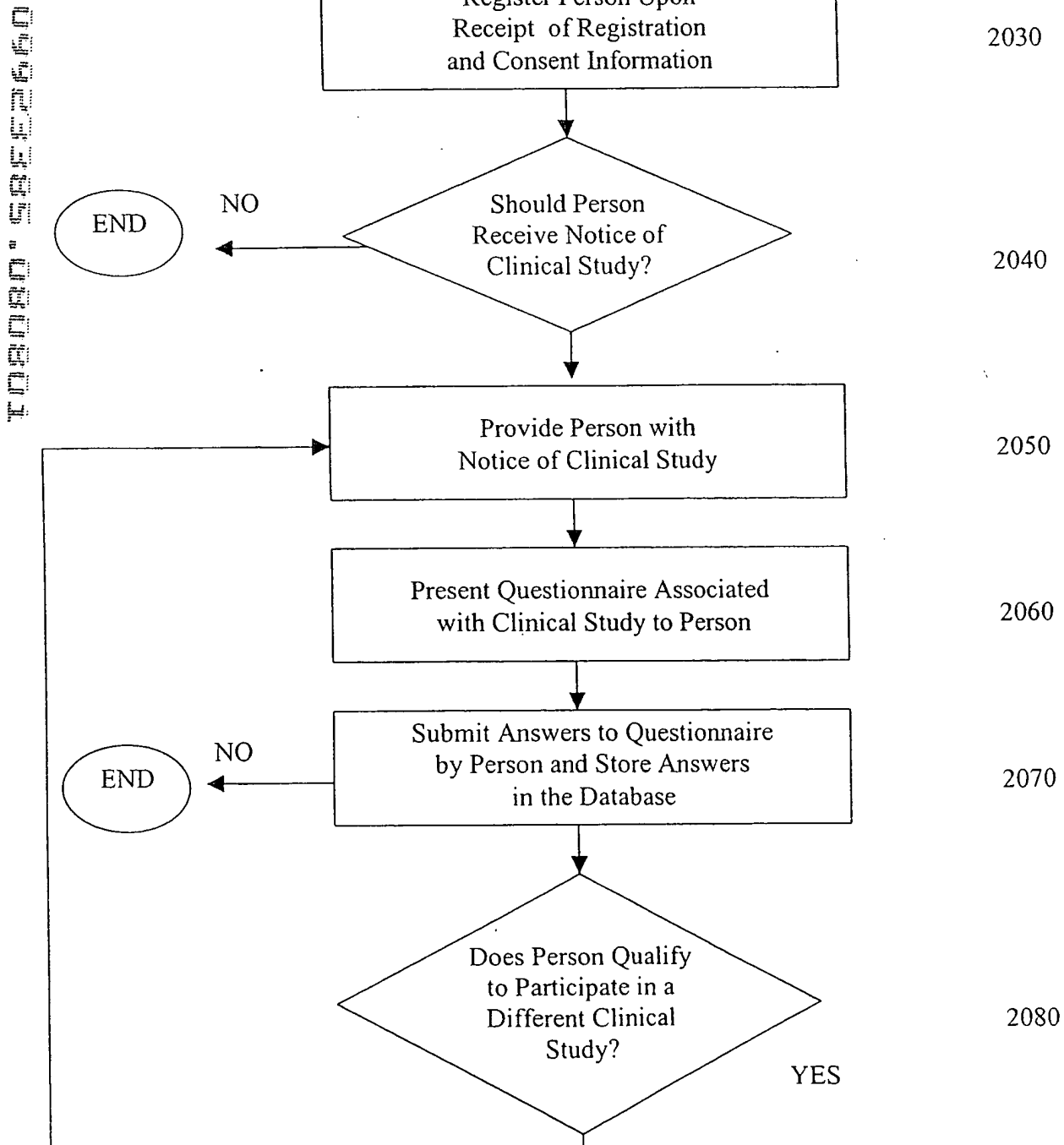


FIG. 19

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FIG. 20



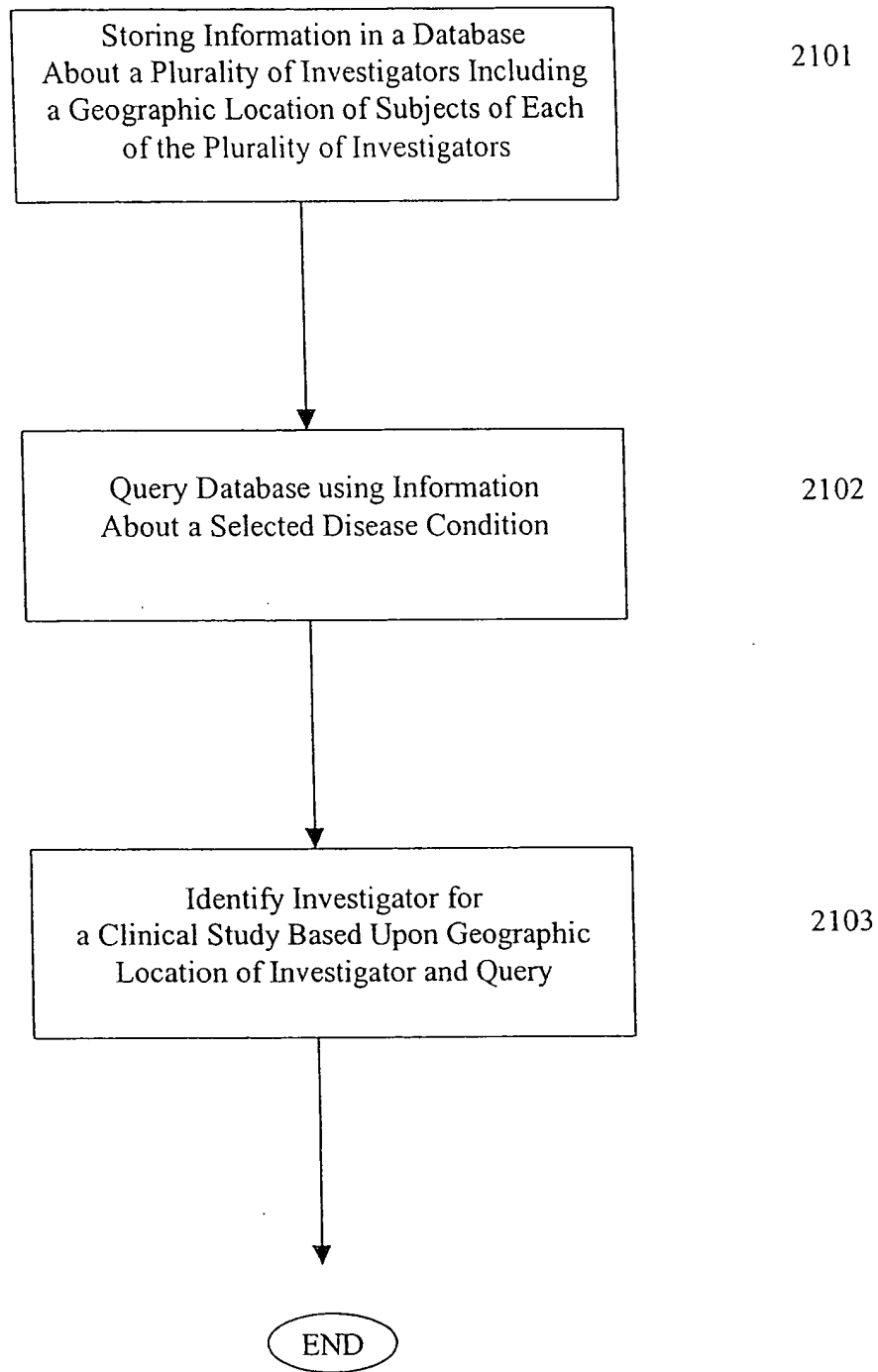


FIG. 21A

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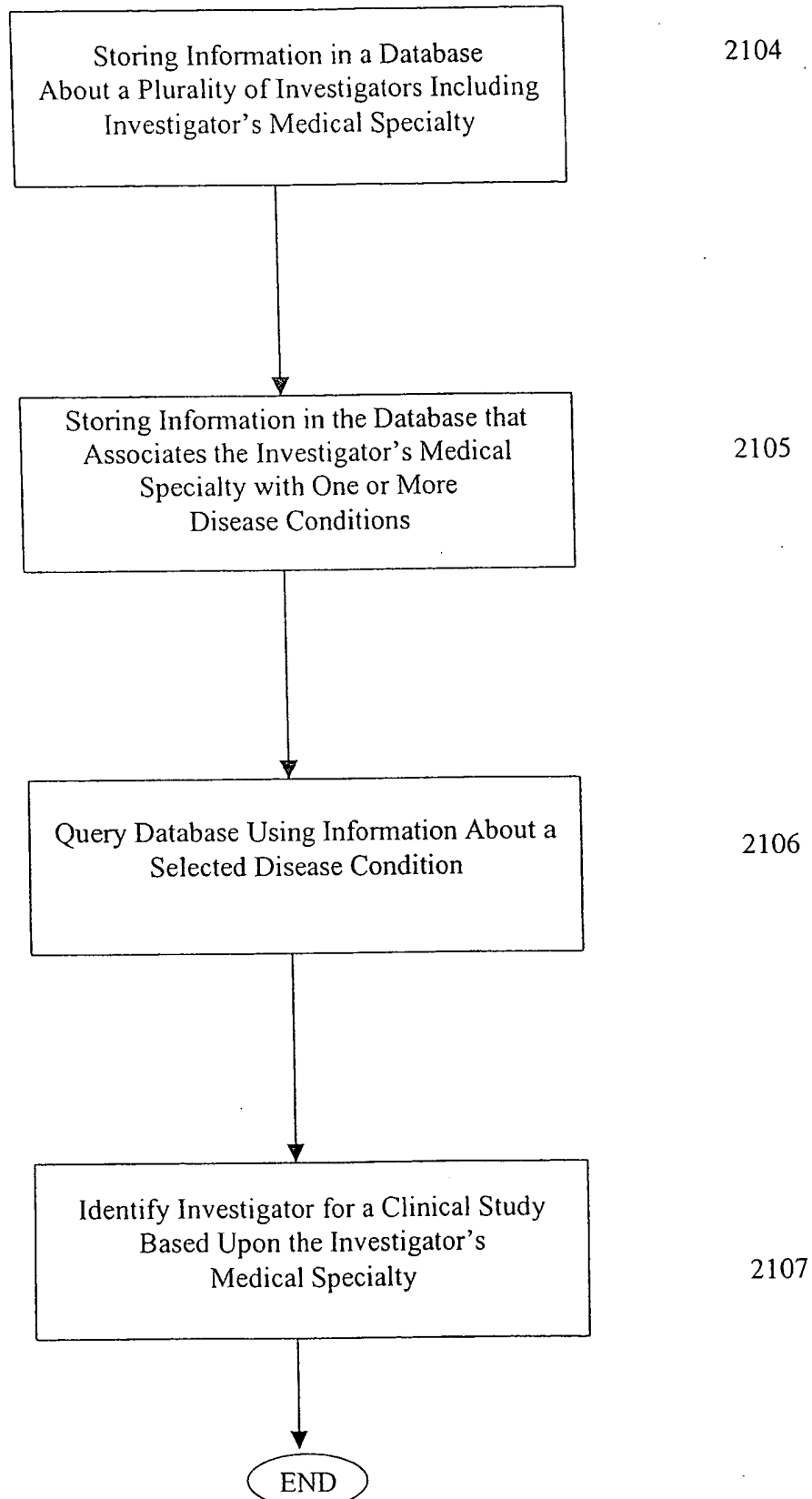


FIG. 21B

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FIG. 21C

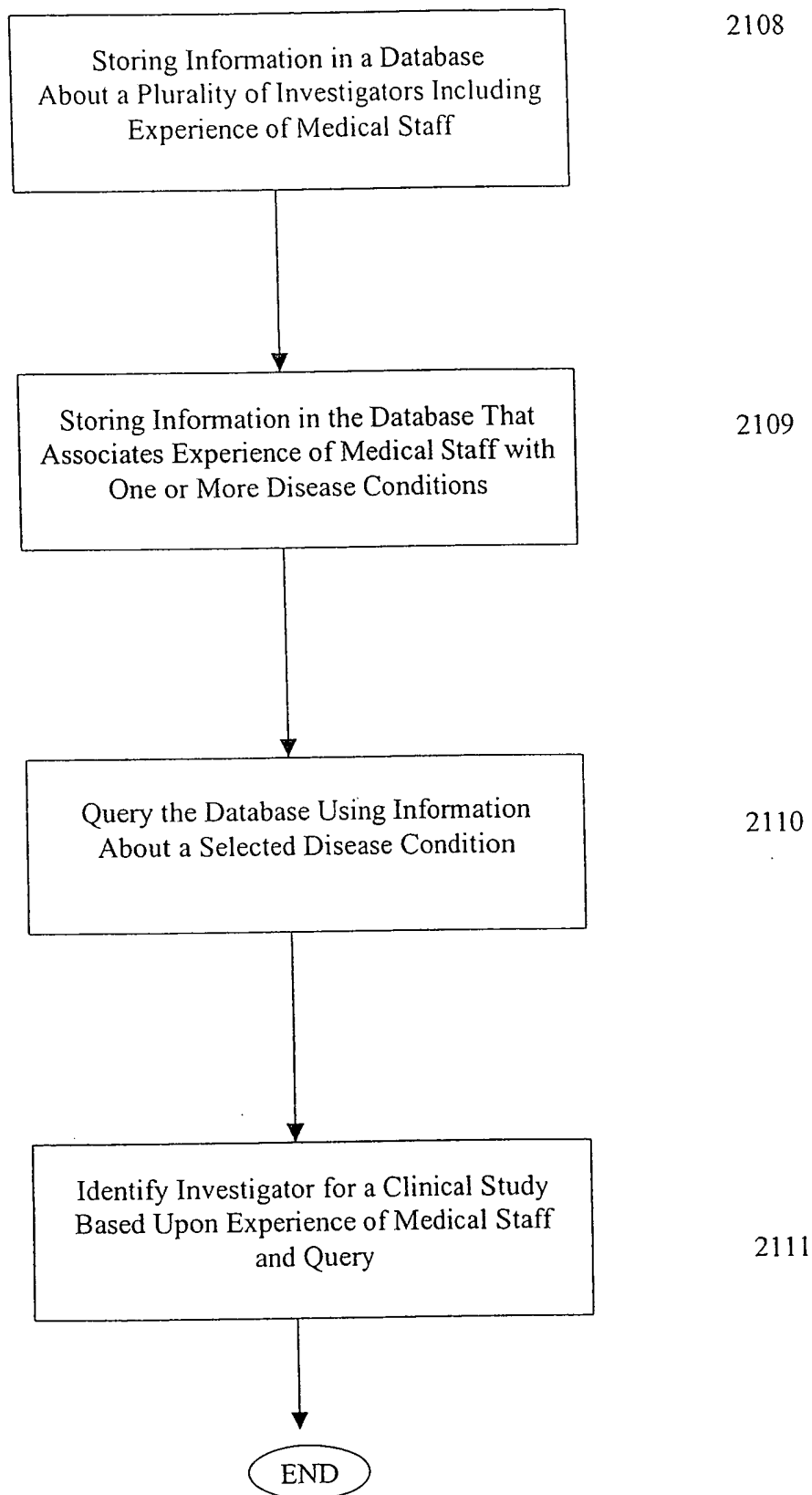


FIG. 21C

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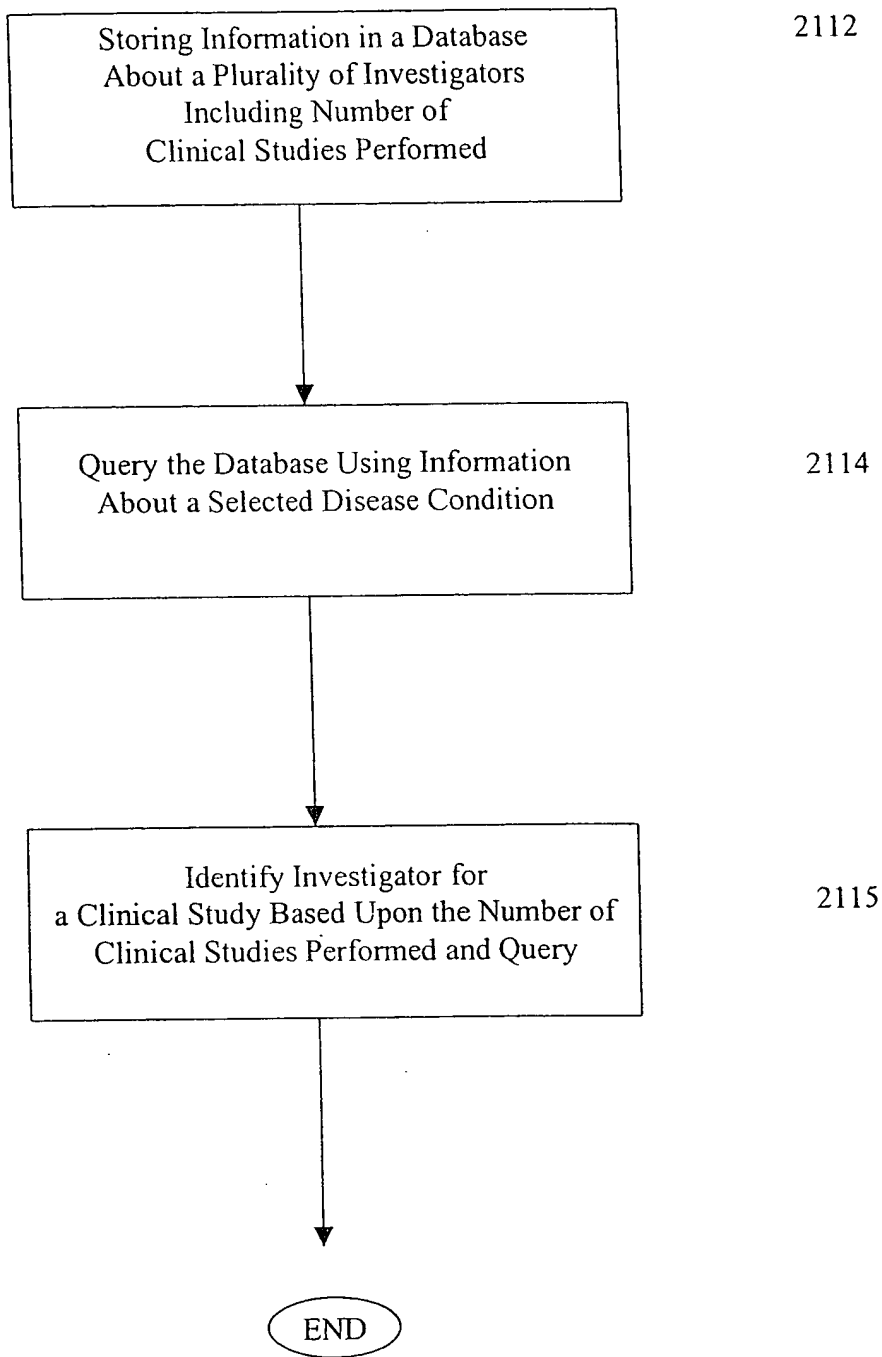


FIG. 21D

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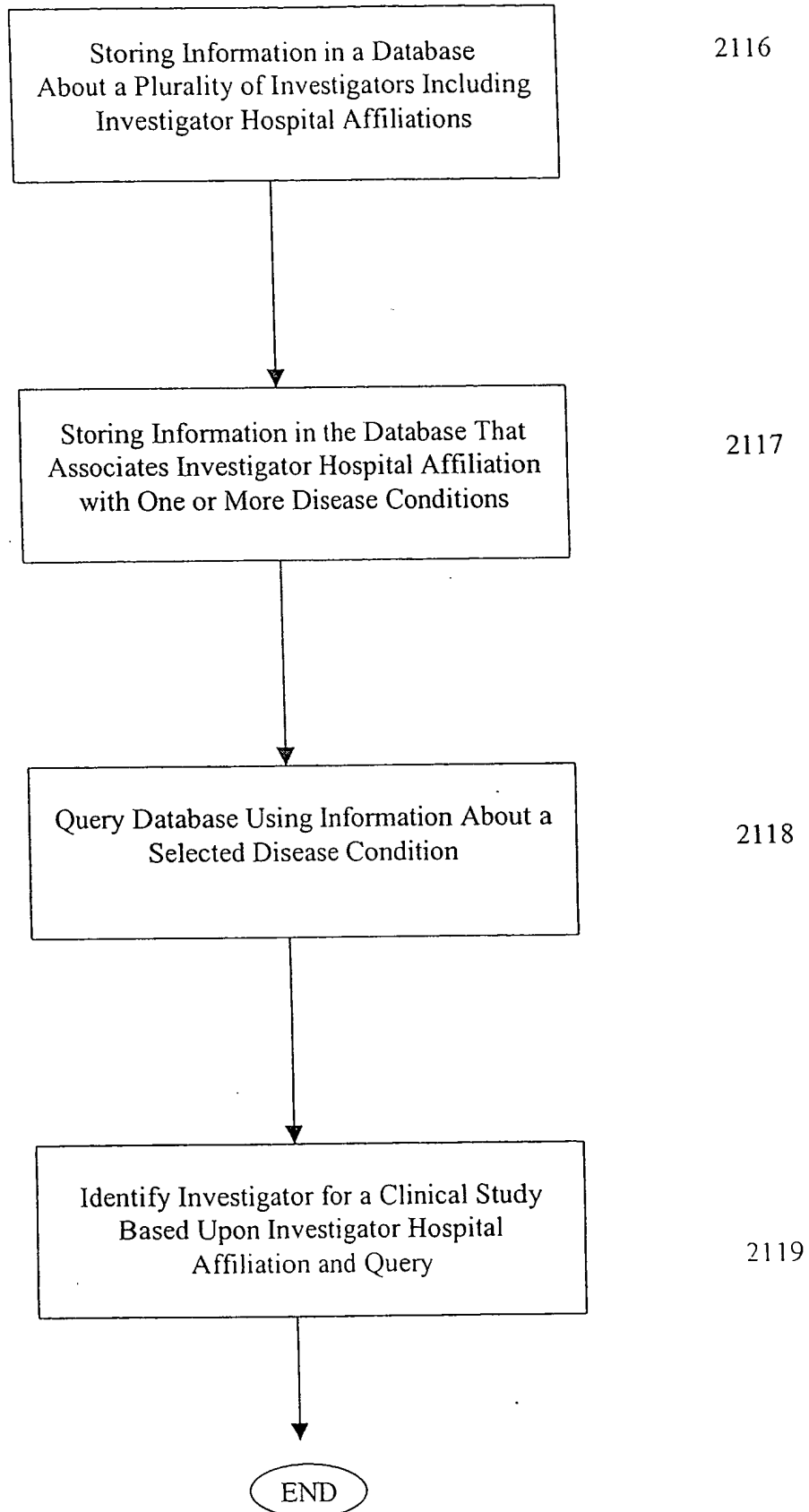


FIG. 21E

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FIG. 21F

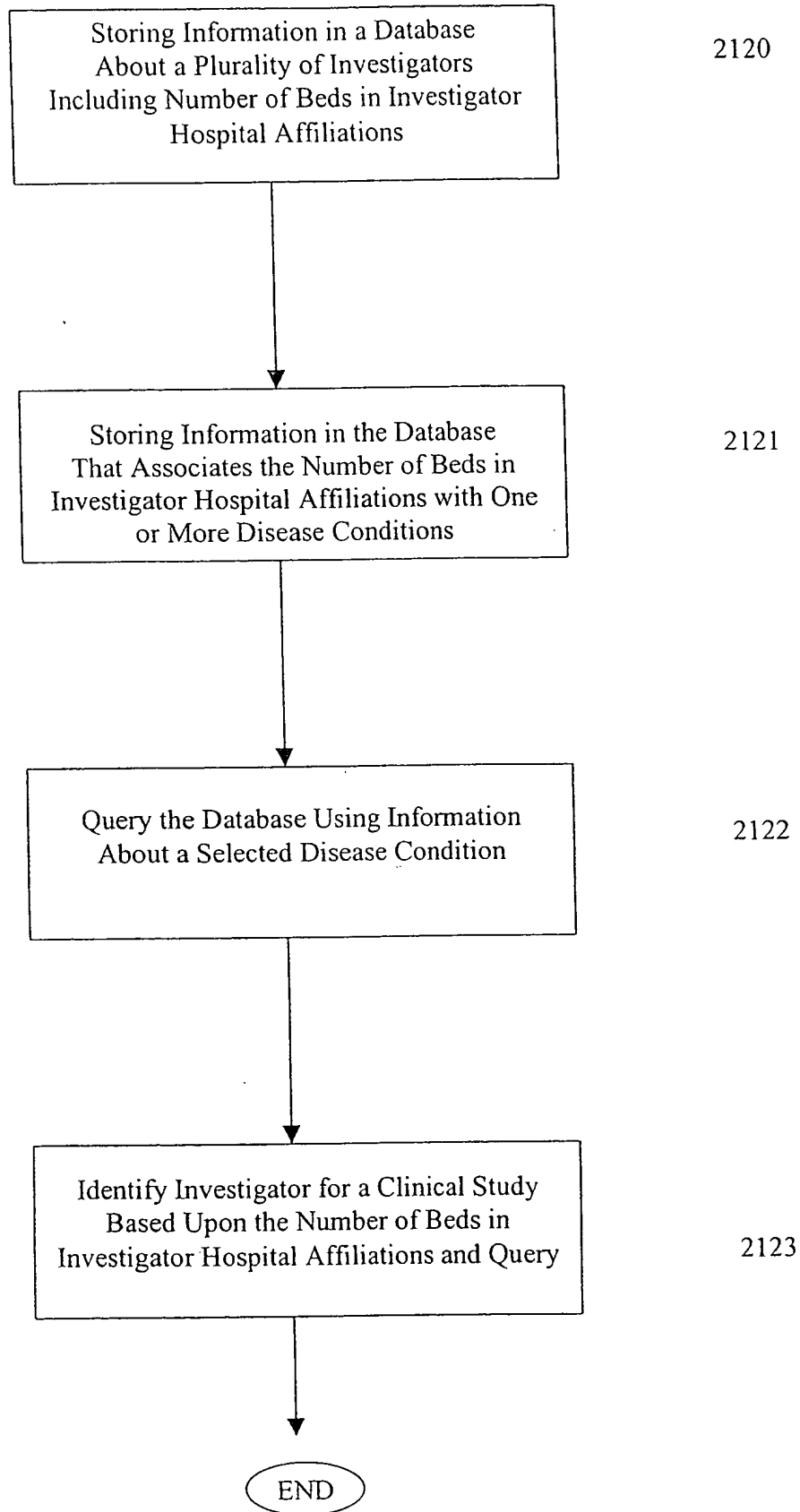


FIG. 21F

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FIG. 21G

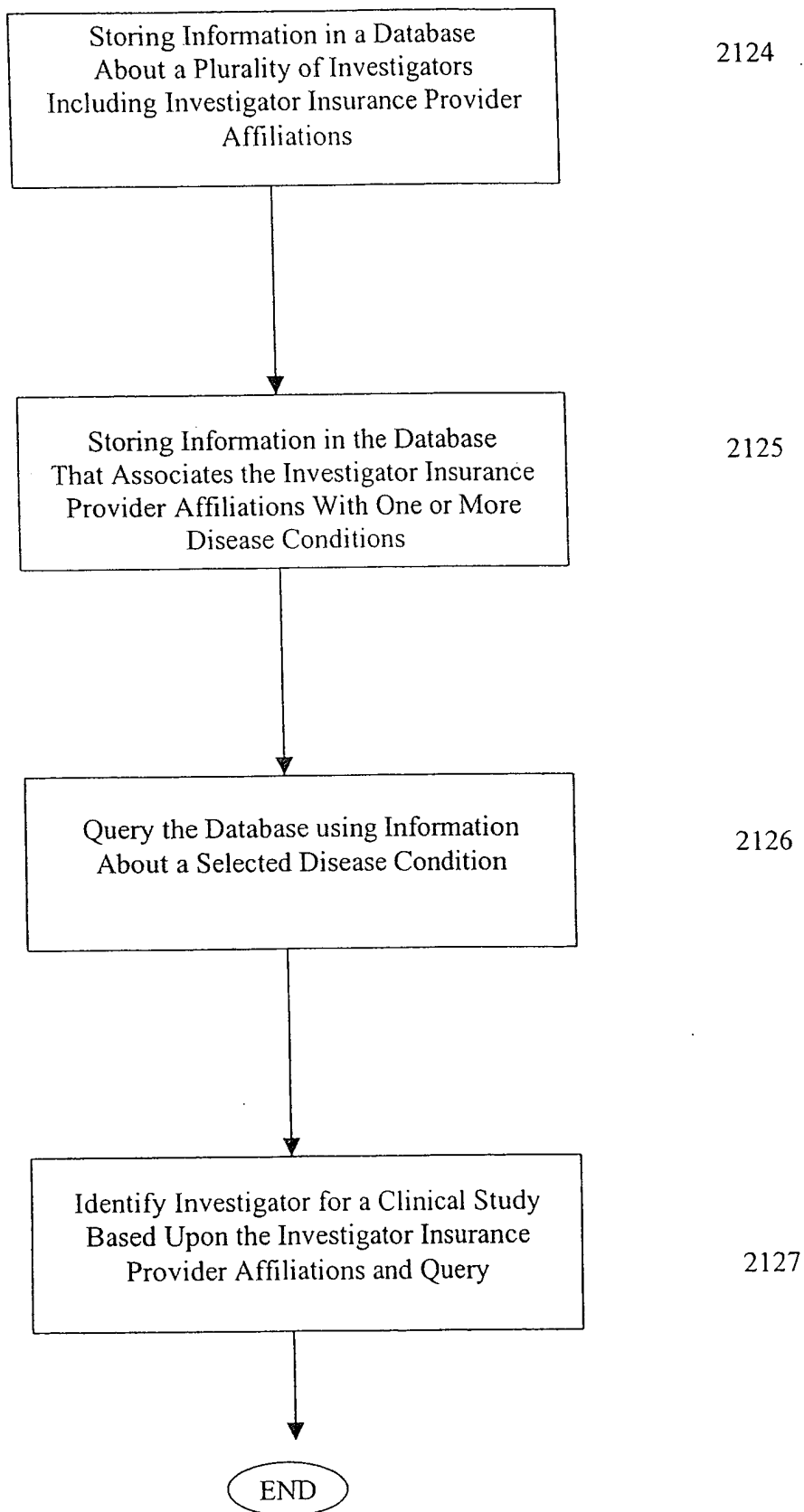


FIG. 21G

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FIG. 21H

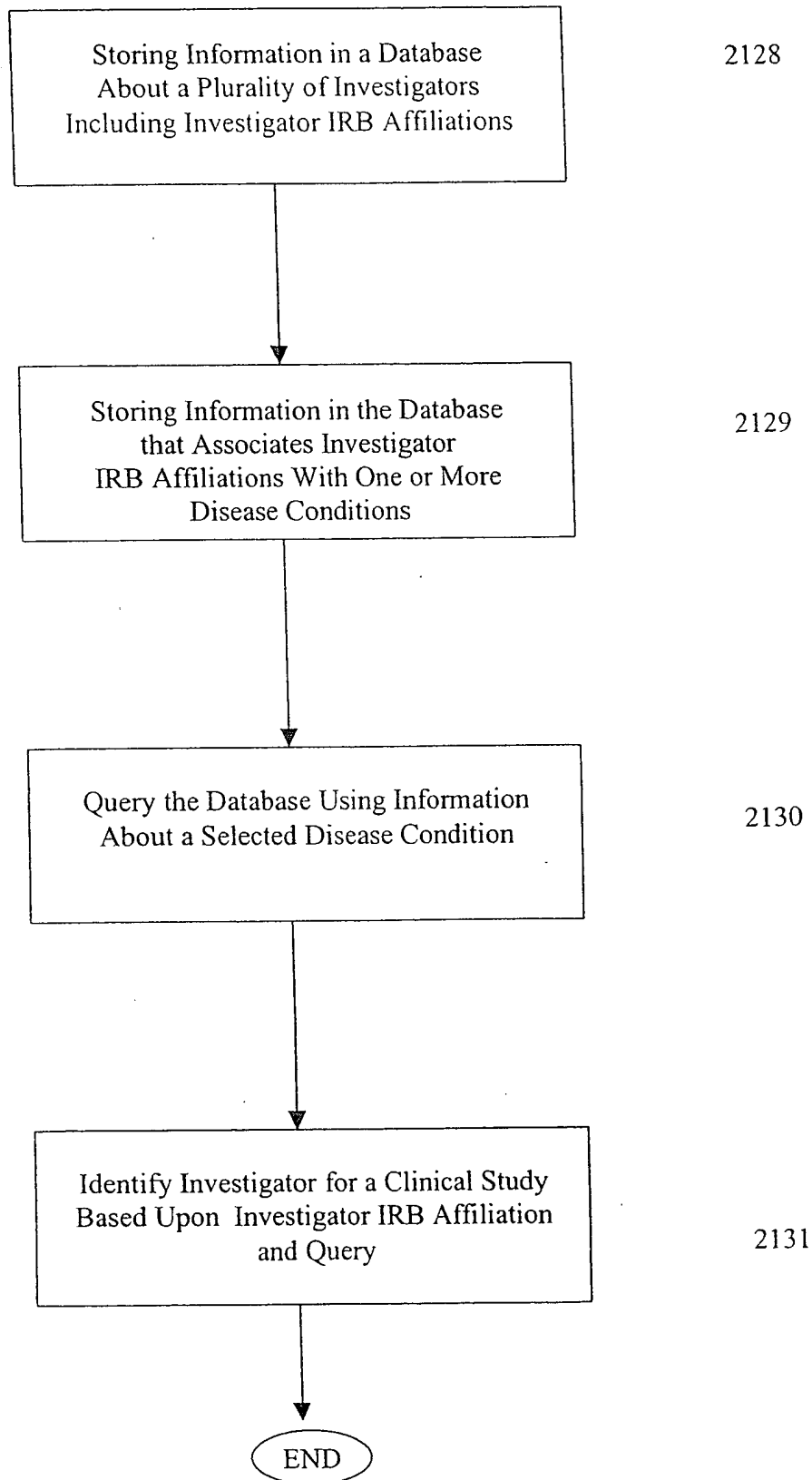


FIG. 21H

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FIG. 211

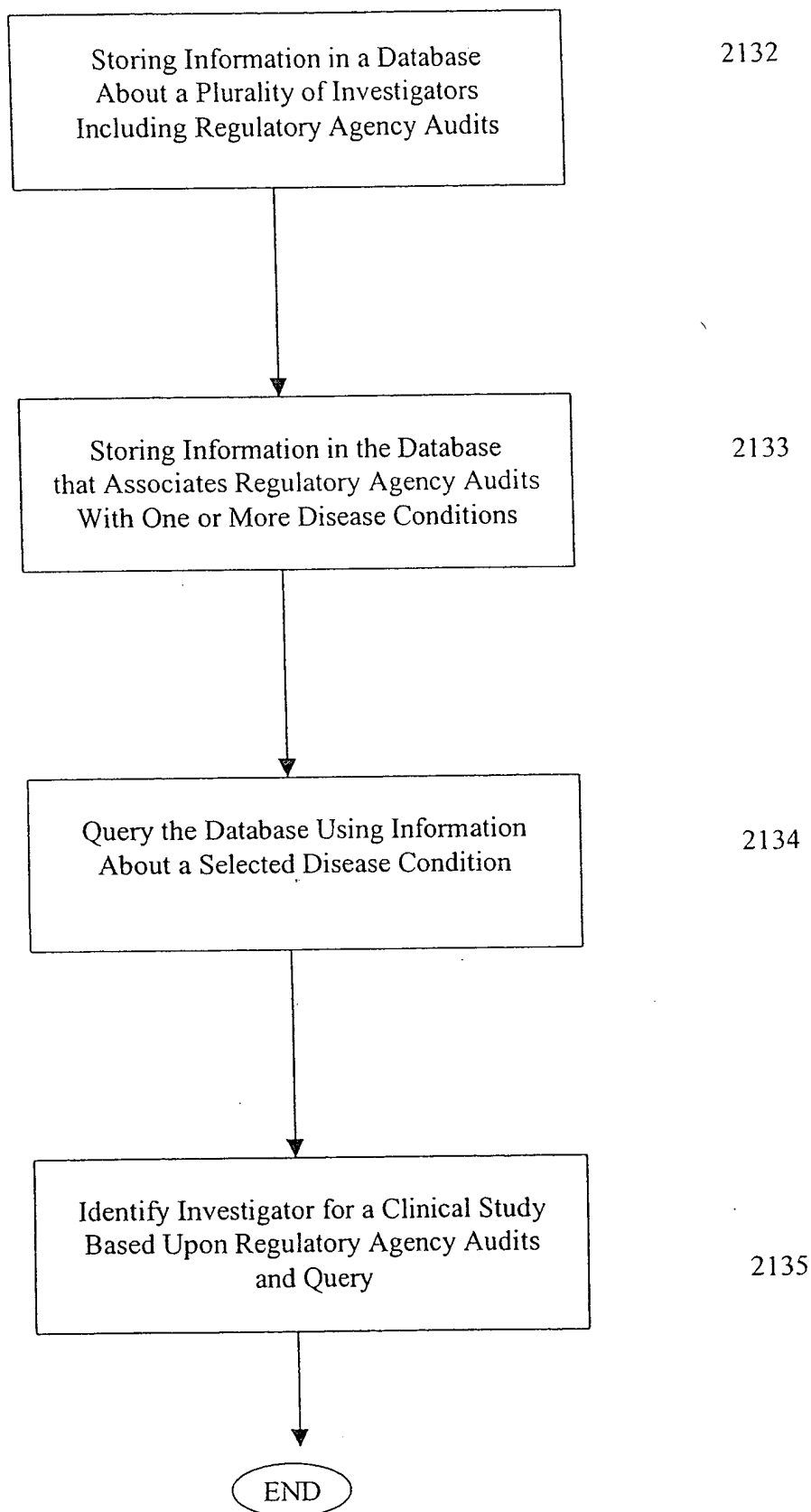


FIG. 211

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FIG. 21J

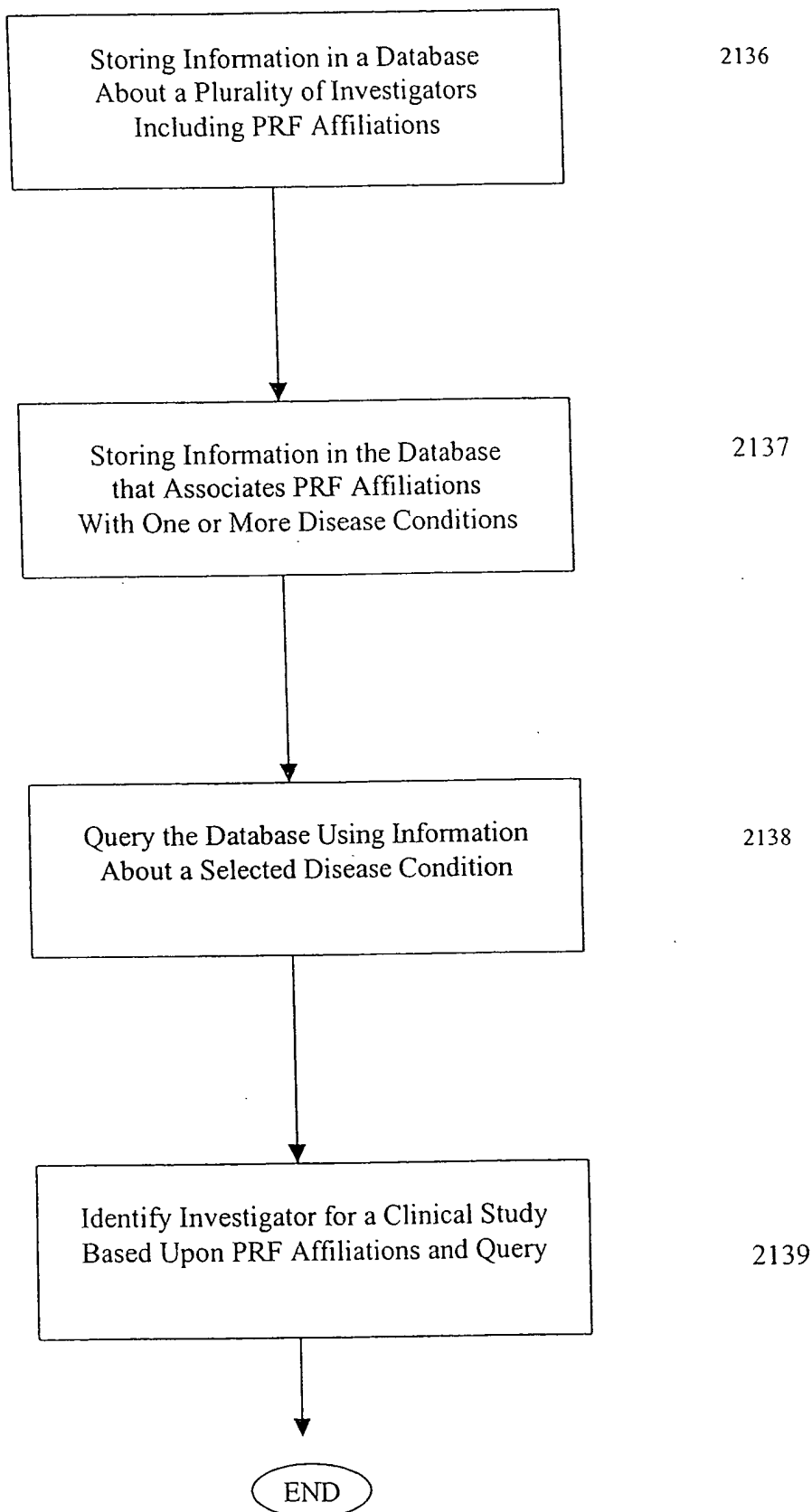


FIG. 21J

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FIG. 21K

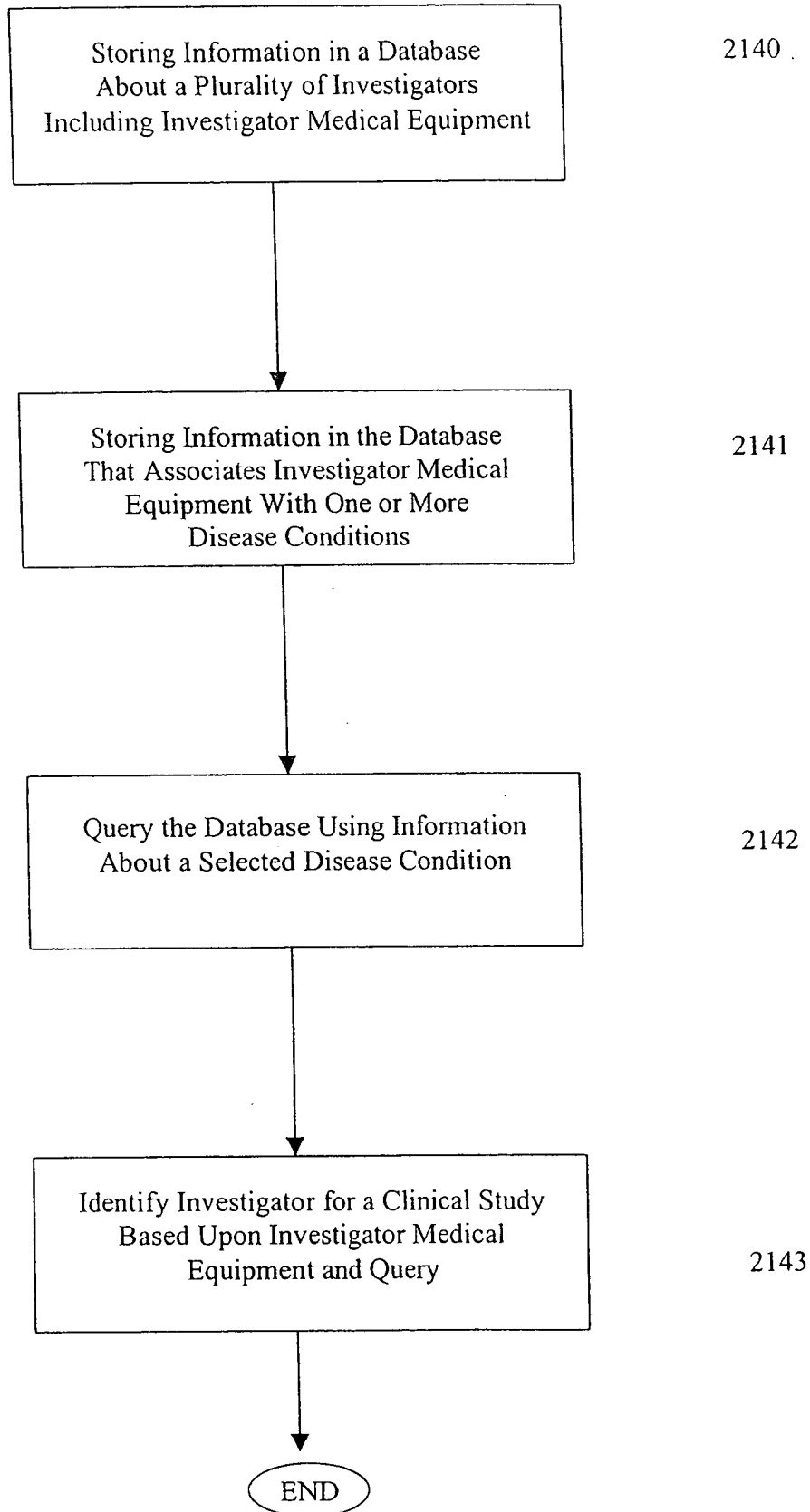


FIG. 21K

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FIG. 21L

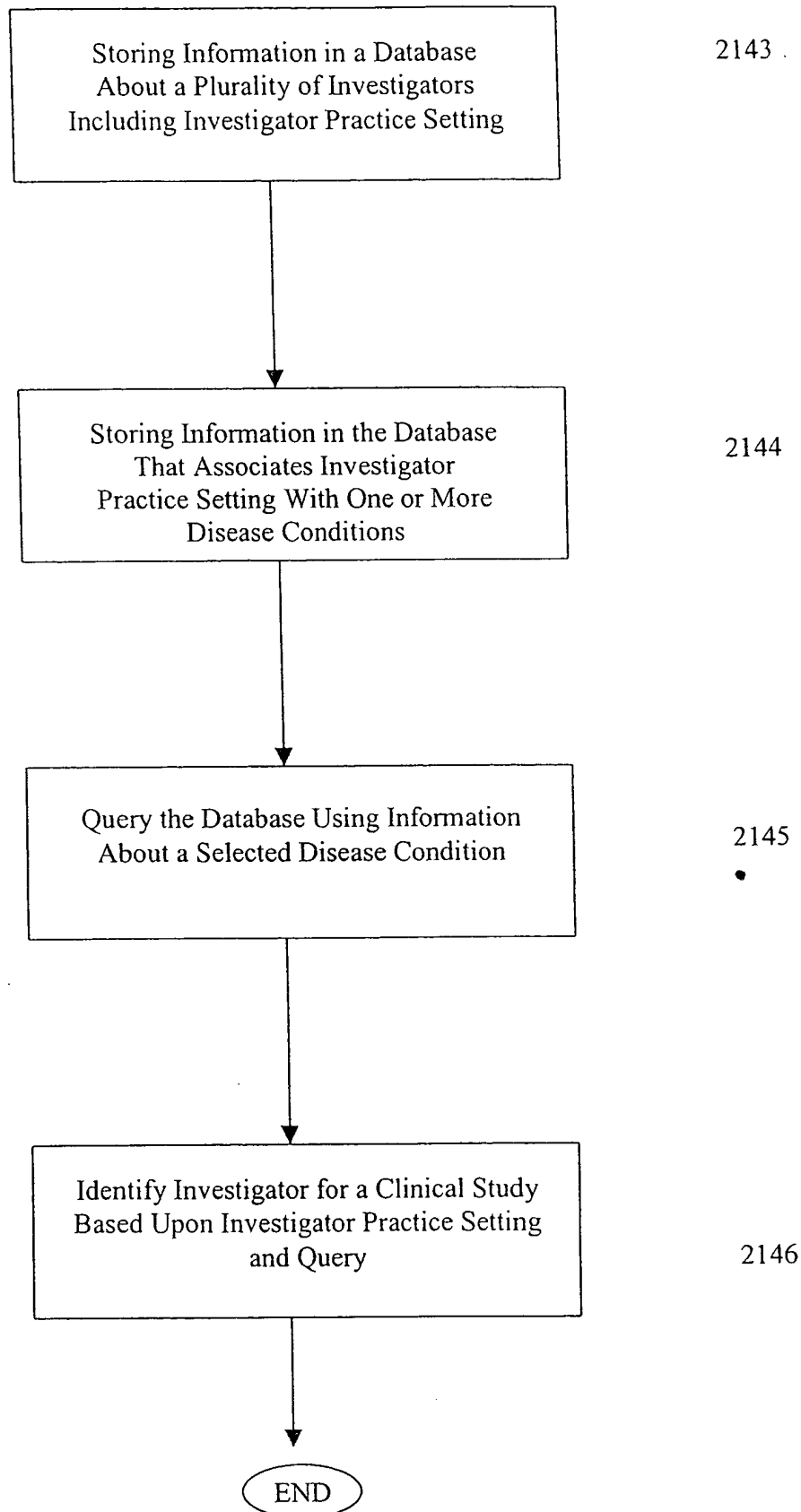


FIG. 21L

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FIG. 21M

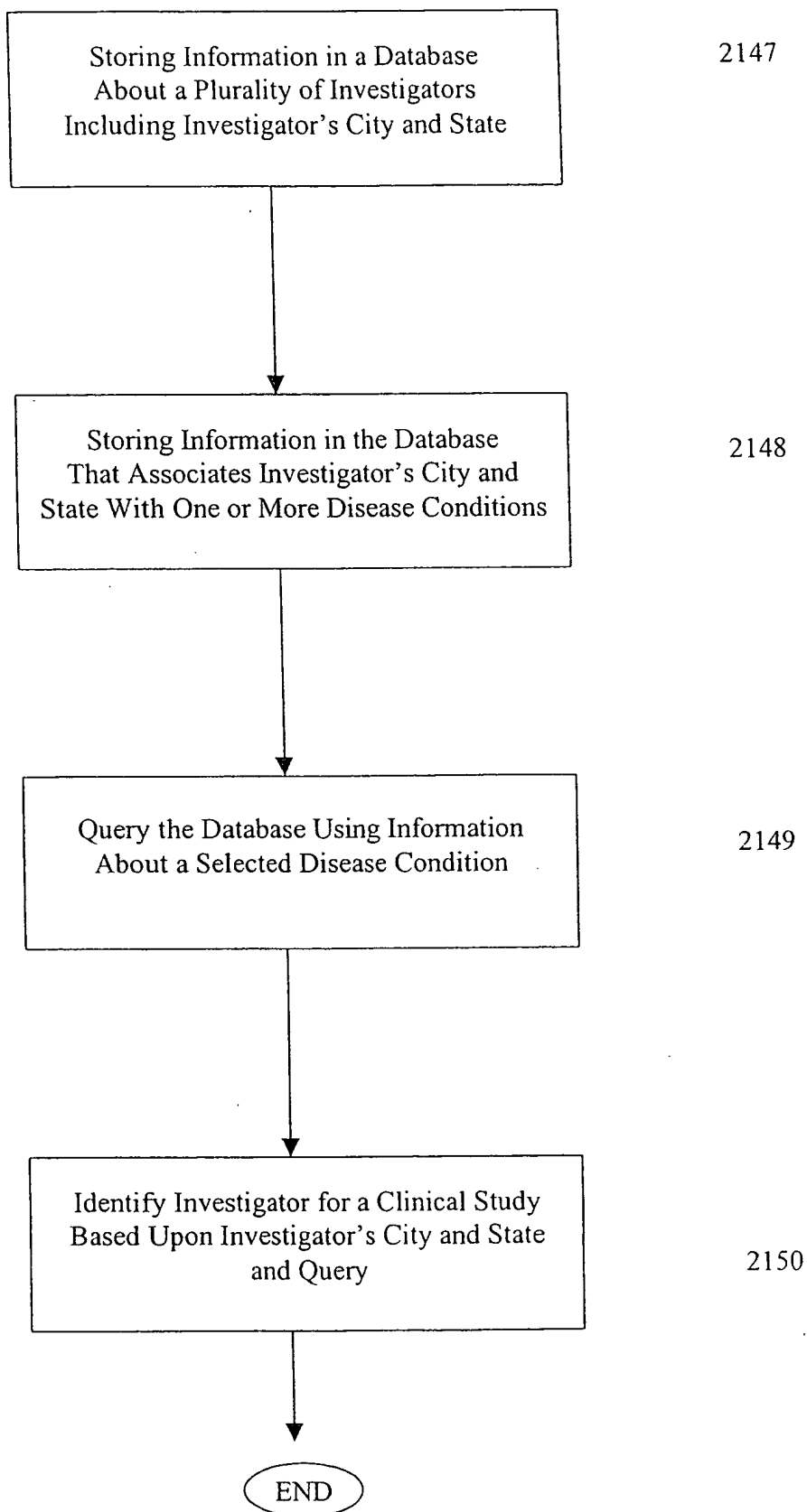


FIG. 21M

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FIG. 21N

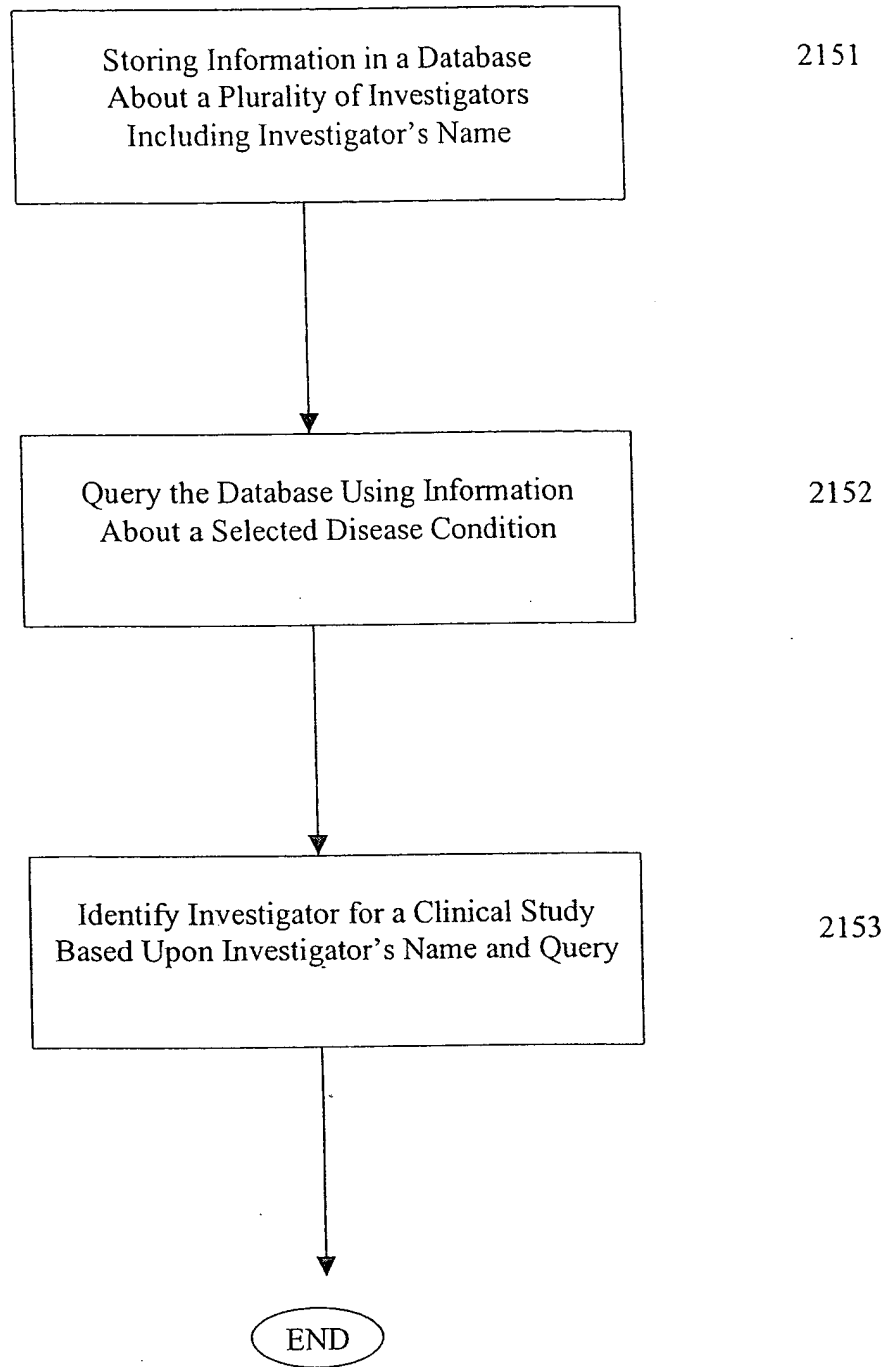


FIG. 21N

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FIG. 210

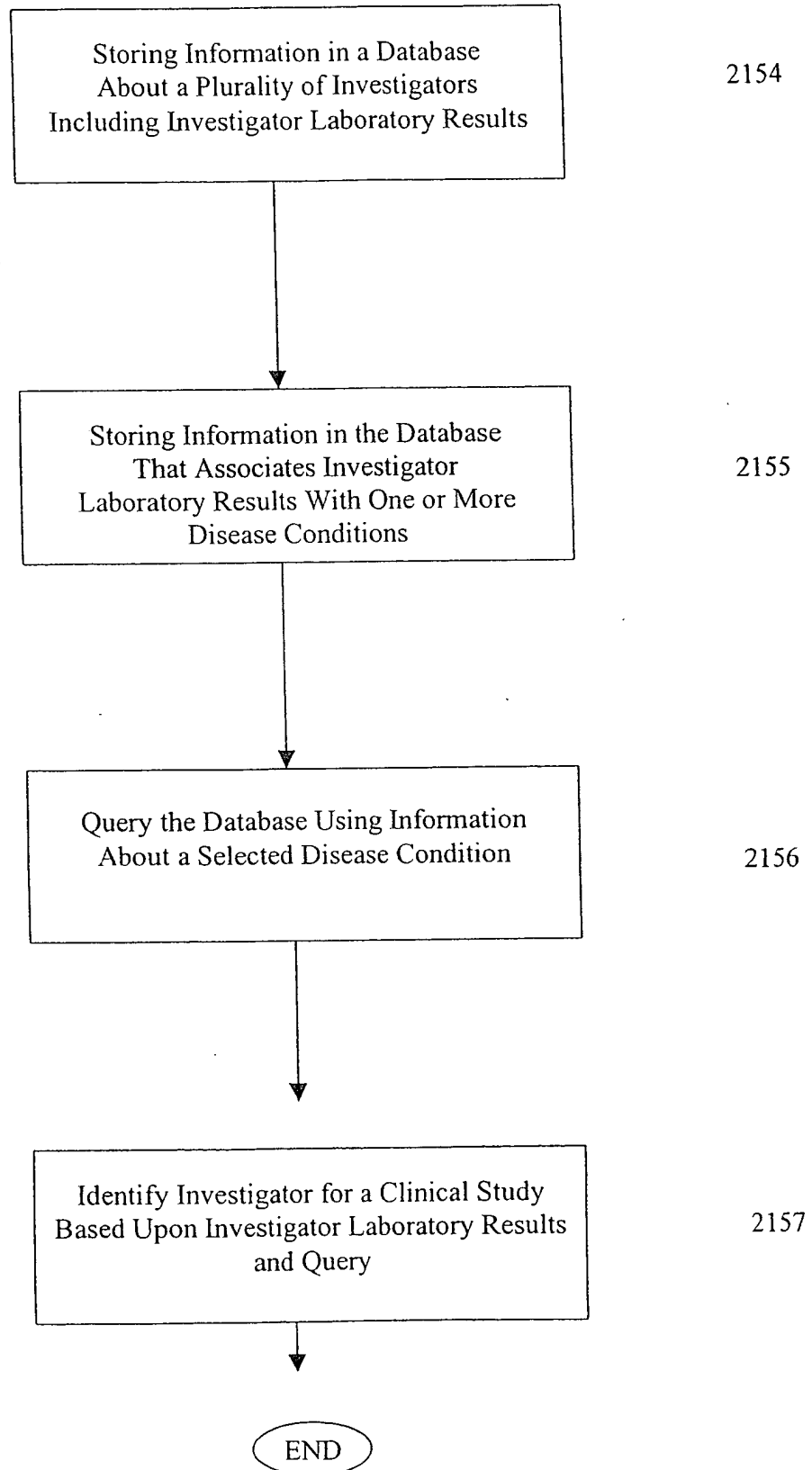


Fig. 210

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FIG. 21P

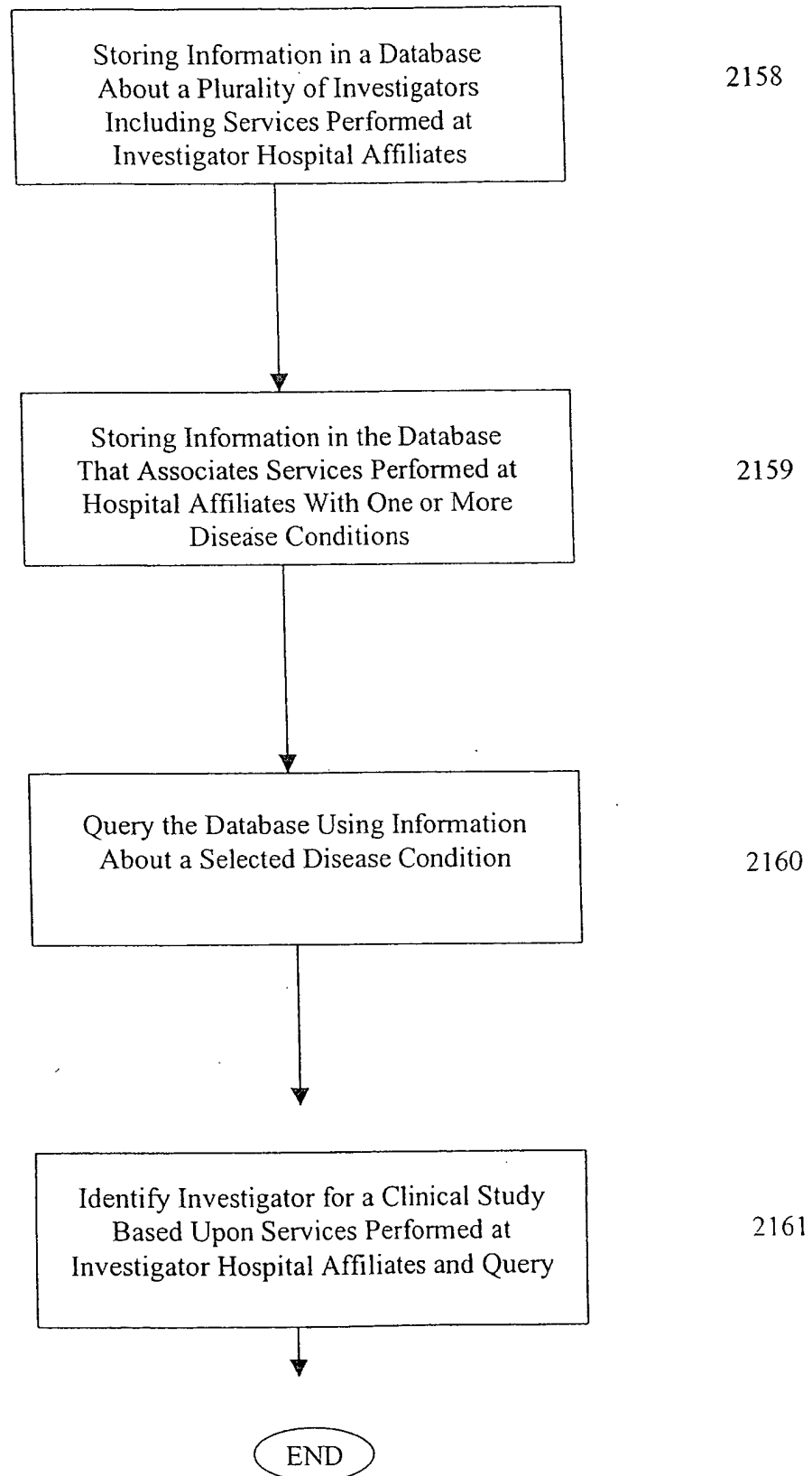


Fig. 21P

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FIG. 21Q

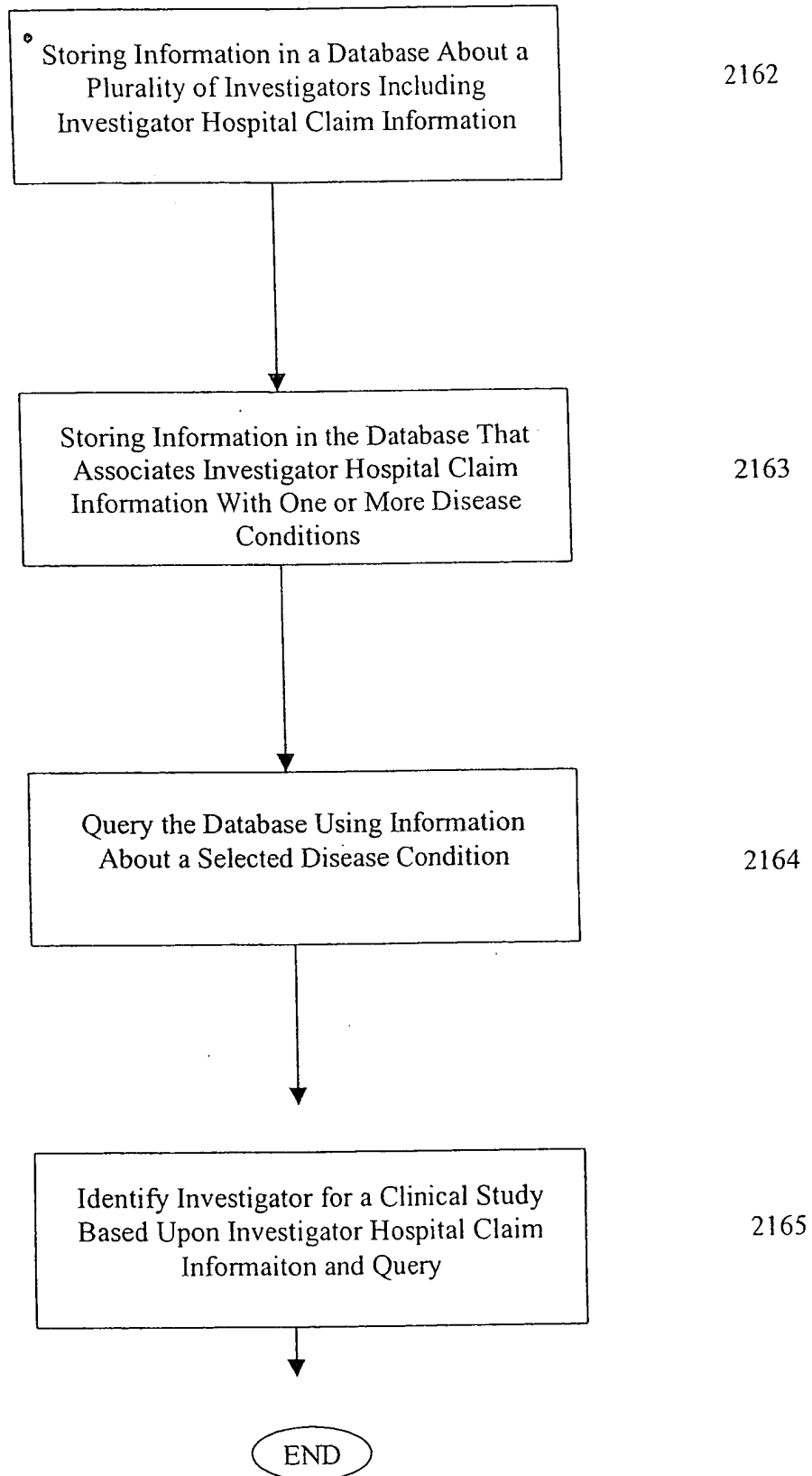


Fig. 21Q

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INV STUDY PERFORMANCE

INVESTIGATOR_ID: CHAR(18)
STUDY_PRF_ID: CHAR(18)

SOURCE_CD: CHAR(18)
SPONSOR_ID: CHAR(18)
SPONSOR_CRO_NAME: CHAR(18)
PROTOCOL_NUMBER: CHAR(18)
STUDY_PHASE_CD: CHAR(18)
DRUG_NAME: CHAR(18)
DRUG_CLASS: CHAR(18)
THERA_CONDITION_CD: CHAR(18)
START_DATE: CHAR(18)
NUM_ENROLLMENT_COMMITMENT: CHAR(18)
NUM_PATIENTS_ENROLLED: CHAR(18)
ENROLLMENT_MONTHS: CHAR(18)
ENROLLMENT_MET_IND: CHAR(18)
TIMEFRAME_MET_IND: CHAR(18)
PLACEBO_RESPONSE_RATE: CHAR(18)
NUM_PATIENTS_EVALUABLE: CHAR(18)
MICROBIOLOGIC_EVALUABLE: CHAR(18)
BACTERIAL_EVALUABLE: CHAR(18)
NOTES: CHAR(18)
CREATE_DATE: CHAR(18)
UPDATE_DATE: CHAR(18)
CREATE_BY: CHAR(18)
UPDATE_BY: CHAR(18)

INV INVESTIGATOR

INVESTIGATOR_ID: CHAR(18)

SOURCE_CD: CHAR(18)
HMS_ID: CHAR(18)
FIRST_NAME: CHAR(18)
MIDDLE1: CHAR(18)
MIDDLE2: CHAR(18)
LAST_NAME: CHAR(18)
SUFFIX: CHAR(18)
COUNTRY: CHAR(18)
SOC_SEC_NBR: CHAR(18)
IND_UPIN: CHAR(18)
SEX: CHAR(18)
DOB: CHAR(18)
MED_SCHOOL_CD: CHAR(18)
GRADUATION_YEAR: CHAR(18)
RSDNCY_ORG: CHAR(18)
RSDNCY_CITY: CHAR(18)
FLLWSHP_ORG: CHAR(18)
FLLWSHP_CITY: CHAR(18)
DEGREE1: CHAR(18)
DEGREE2: CHAR(18)
PHONE_NBR: CHAR(18)
PHONE_EXTENSION: CHAR(18)
FAX_NBR: CHAR(18)
EMAIL: CHAR(18)
CREDENTIAL: CHAR(18)
DELETE_REASON_CD: CHAR(18)
DELETE_REQUEST_DATE: CHAR(18)
WRONG_NUMBER_IND: CHAR(18)
CV_RECEIVED_DATE: CHAR(18)
QUESTIONNAIRE_RETURNED_DATE: CHAR(18)
SMO_RELATIONSHIP_CD: CHAR(18)
PRACTICE_TYPE_CD: CHAR(18)
PRIMARY_IN_OUT_CD: CHAR(18)
CRO_NUM_DAYS_NOTICE: CHAR(18)
PHASE1_EXPERIENCE_IND: CHAR(18)
PHASE2_EXPERIENCE_IND: CHAR(18)
PHASE3_EXPERIENCE_IND: CHAR(18)
PHASE4_EXPERIENCE_IND: CHAR(18)
PATIENT_DATABASE_IND: CHAR(18)
SOFTWARE_PACKAGE_NAME: CHAR(18)
CREATE_DATE: CHAR(18)
UPDATE_DATE: CHAR(18)
CREATE_BY: CHAR(18)
UPDATE_BY: CHAR(18)

INV SPECIALTY

INVESTIGATOR_ID: NUMBER(8)
SPECIALTY_CD: VARCHAR2(6)

SOURCE_CD: VARCHAR2(12)
BOARD_COMPLETE_CD: VARCHAR2(12)
CREATE_DATE: DATE
UPDATE_DATE: DATE
CREATE_BY: INTEGER
UPDATE_BY: INTEGER

INV PATIENT POPULATION

INVESTIGATOR_ID: CHAR(18)
INDICATION_CD: CHAR(18)

ANNUAL_PATIENTS_TREATED: CHAR(18)
ANNUAL_NEW_PATIENTS_TREATED: CHAR(18)
INTERESTED_IND: CHAR(18)
CREATE_BY: CHAR(18)
UPDATE_BY: CHAR(18)
CREATE_DATE: CHAR(18)
UPDATE_DATE: CHAR(18)

HMS INVESTIGATOR

22A

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INV STUDY STAFF

FACILITY_NAME: CHAR(18)
STAFF_ID: CHAR(18)

SOURCE_CD: CHAR(18)
FIRST_NAME: CHAR(18)
MIDDLE1_NAME: CHAR(18)
MIDDEL2_NAME: CHAR(18)
LAST_NAME: CHAR(18)
SUFFIX: CHAR(18)
JOB_TITLE_CD: CHAR(18)
WORK_HOURS_CD: CHAR(18)
NUM_YEARS_RESEARCH_EXP: CHAR(18)
EMAIL: CHAR(18)
PHONE_NBR: CHAR(18)
PHONE_EXTENSION: CHAR(18)
FAX_NBR: CHAR(18)
OFFICE_MAIL_STOP: CHAR(18)
CREATE_DATE: CHAR(18)
UPDATE_DATE: CHAR(18)
CREATE_BY: CHAR(18)
UPDATE_BY: CHAR(18)

2250

INV RESEARCH ORGANIZATION

FACILITY_NAME: CHAR(18)

SOURCE_CD: CHAR(18)
FACILITY_TYPE_CD: CHAR(18)
IN_PATIENT_IND: CHAR(18)
OUT_PATIENT_IND: CHAR(18)
REVIEW_BOARD_TYPE_CD: CHAR(18)
LOCAL_IRB_MEETING_CD: CHAR(18)
IRB_SUBMIT_BY_DSC: CHAR(18)
MONITOR_ROOM_IND: CHAR(18)
NUM_DAYS_NOTICE: CHAR(18)
ADDRESS_1: CHAR(18)
ADDRESS_2: CHAR(18)
CITY: CHAR(18)
STATE: CHAR(18)
COUNTRY: CHAR(18)
ZIP_CODE: CHAR(18)
ZIP_CODE_4: CHAR(18)
X_LONGITUDE: CHAR(18)
Y_LATITUDE: CHAR(18)
CNTFIPS: CHAR(18)
COUNTY: CHAR(18)
MSANUM: CHAR(18)
MSANAME: CHAR(18)
CITY_BLOCK: CHAR(18)
CREATE_DATE: CHAR(18)
UPDATE_DATE: CHAR(18)
CREATE_BY: CHAR(18)
UPDATE_BY: CHAR(18)

2252

2252a

INV_STAFF_ROLE

INVESTIGATOR_ID: CHAR(18)
FACILITY_NAME: CHAR(18)
STAFF_ID: CHAR(18)

SMO_CONTACT_IND: CHAR(18)
OPPORTUNITY_CONTACT_IND: CHAR(18)
CREATE_DATE: CHAR(18)
UPDATE_DATE: CHAR(18)
CREATE_BY: CHAR(18)
UPDATE_BY: CHAR(18)

INV_WORK_LOCATION

INVESTIGATOR_ID: CHAR(18)
FACILITY_NAME: CHAR(18)

PRF_IND: CHAR(18)
DIRECT_CONTACT_IND: CHAR(18)
CREATE_DATE: CHAR(18)
UPDATE_DATE: CHAR(18)
CREATE_BY: CHAR(18)
UPDATE_BY: CHAR(18)

INV_RSRCH_FAC_CAPABILITY

FACILITY_NAME: CHAR(18)
FACILITY_CAPABILITY_CD: CHAR(18)

CREATE_DATE: CHAR(18)
UPDATE_DATE: CHAR(18)
CREATE_BY: CHAR(18)
UPDATE_BY: CHAR(18)

USER_NOTES

INVESTIGATOR_ID: CHAR(18)
USER_NETWORK_ID: CHAR(18)

NOTES: CHAR(18)
CREATE_DATE: CHAR(18)
UPDATE_DATE: CHAR(18)
CREATE_BY: CHAR(18)
UPDATE_BY: CHAR(18)

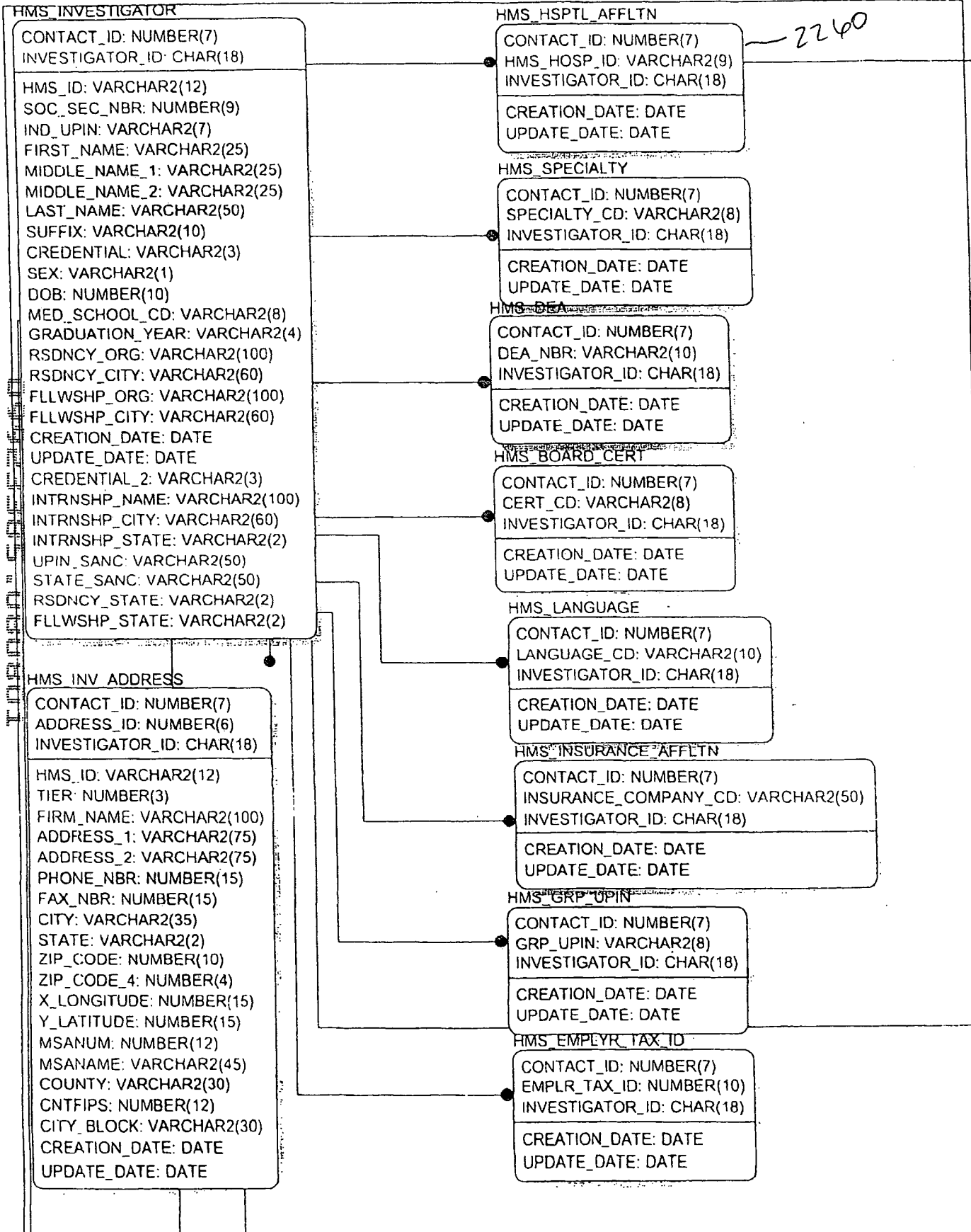
HMS_HSPTL_BED

HMS HSPTL SVCS

22B

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STLDEV01 -- Display1 / Investigator



22C

74/89

STLDEV01 - Display1 / Investigator

REHAB_SVCS: VARCHAR2(1)
RESPIR_SVCS: VARCHAR2(1)
SELFCARE_SVCS: VARCHAR2(1)
SKNLT_SVCS: VARCHAR2(1)
SOCSVC_SVCS: VARCHAR2(1)
SPEECH_SVCS: VARCHAR2(1)
THERD_SVCS: VARCHAR2(1)
TRAUMA_SVCS: VARCHAR2(1)
XRADT_SVCS: VARCHAR2(1)
CREATION_DATE: DATE
UPDATE_DATE: DATE

COBOL "C" FILE

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STLDEV01 - Display1 / Investigator

HMS_HSPTL_BED

CONTACT_ID: NUMBER(7)
 HMS_HOSP_ID: VARCHAR2(9)
 INVESTIGATOR_ID: CHAR(18)

HMS_STF_BEDS: NUMBER(9)
 HMS_HSP_BEDS: NUMBER(9)
 HMS_TOT_BEDS: NUMBER(9)
 HMS_STRM_BEDS: NUMBER(9)
 HMS_LTERM_BEDS: NUMBER(9)
 HMS_MDSRG_BEDS: NUMBER(9)
 HMS_ICU_BEDS: NUMBER(9)
 BEDS_OK: VARCHAR2(5)
 ICU_BEDS: NUMBER(9)
 CCU_BEDS: NUMBER(9)
 SICU_BEDS: NUMBER(9)
 NICU_BEDS: NUMBER(9)
 NINT_BEDS: NUMBER(9)
 PICU_BEDS: NUMBER(9)
 PEDI_BEDS: NUMBER(9)
 OBGN_BEDS: NUMBER(9)
 PSYC_BEDS: NUMBER(9)
 BURN_BEDS: NUMBER(9)
 ALCH_BEDS: NUMBER(9)
 REHB_BEDS: NUMBER(9)
 OTHR_BEDS: NUMBER(9)
 CREATION_DATE: DATE
 UPDATE_DATE: DATE

HMS_HSPTL_SVCS

CONTACT_ID: NUMBER(7)
 HMS_HOSP_ID: VARCHAR2(9)
 INVESTIGATOR_ID: CHAR(18)

AIDS_SVCS: VARCHAR2(1)
 ANSTH_SVCS: VARCHAR2(1)
 ANGPLSTY_SVCS: VARCHAR2(1)
 BLOODBNK_SVCS: VARCHAR2(1)
 BMTRNSPL_SVCS: VARCHAR2(1)
 BURNCTR_SVCS: VARCHAR2(1)
 CRDCTH_SVCS: VARCHAR2(1)
 CVSRGY_SVCS: VARCHAR2(1)
 CHIRO_SVCS: VARCHAR2(1)
 CLPSY_SVCS: VARCHAR2(1)
 CT_SVCS: VARCHAR2(1)
 DENTL_SVCS: VARCHAR2(1)
 ULTRSDN_SVCS: VARCHAR2(1)
 DIETRTY_SVCS: VARCHAR2(1)
 ECARD_SVCS: VARCHAR2(1)
 ECONV_SVCS: VARCHAR2(1)
 EMRGCY_SVCS: VARCHAR2(1)
 ESWL_SVCS: VARCHAR2(1)
 LABAN_SVCS: VARCHAR2(1)
 HEART_SVCS: VARCHAR2(1)
 HRTLUNG_SVCS: VARCHAR2(1)
 HEMDIAL_SVCS: VARCHAR2(1)
 HOMCRE_SVCS: VARCHAR2(1)
 HOSPCE_SVCS: VARCHAR2(1)
 CCU_SVCS: VARCHAR2(1)
 ICU_SVCS: VARCHAR2(1)
 KIDNEY_SVCS: VARCHAR2(1)
 LABCLNC_SVCS: VARCHAR2(1)
 LIVER_SVCS: VARCHAR2(1)
 LUNG_SVCS: VARCHAR2(1)
 MEGVRAD_SVCS: VARCHAR2(1)
 NEONUNT_SVCS: VARCHAR2(1)
 NICU_SVCS: VARCHAR2(1)
 MRI_SVCS: VARCHAR2(1)
 NEURO_SVCS: VARCHAR2(1)
 NSURG_SVCS: VARCHAR2(1)
 NUCMED_SVCS: VARCHAR2(1)
 OBSRVA_SVCS: VARCHAR2(1)
 OBSTE_SVCS: VARCHAR2(1)
 OCCTH_SVCS: VARCHAR2(1)
 OPNHT_SVCS: VARCHAR2(1)
 OPTOM_SVCS: VARCHAR2(1)
 ORGBANK_SVCS: VARCHAR2(1)
 ORGAN_SVCS: VARCHAR2(1)
 OUTPAT_SVCS: VARCHAR2(1)
 OUTSRG_SVCS: VARCHAR2(1)
 PANCR_SVCS: VARCHAR2(1)
 PEDIAT_SVCS: VARCHAR2(1)
 PHARM_SVCS: VARCHAR2(1)
 PHYTH_SVCS: VARCHAR2(1)
 PSTOP_SVCS: VARCHAR2(1)
 PSYED_SVCS: VARCHAR2(1)
 PULMON_SVCS: VARCHAR2(1)
 RADIM_SVCS: VARCHAR2(1)
 RECTH_SVCS: VARCHAR2(1)

HMS_HSPTL

CONTACT_ID: NUMBER(7)
 HMS_HOSP_ID: VARCHAR2(9)
 INVESTIGATOR_ID: CHAR(18)

HSPTL_NAME: VARCHAR2(100)
 DEPT_NAME: VARCHAR2(50)
 BRANCH_NAME: VARCHAR2(50)
 ADDRESS_1: VARCHAR2(75)
 ADDRESS_2: VARCHAR2(75)
 CITY: VARCHAR2(25)
 STATE: VARCHAR2(2)
 ZIP_CODE: VARCHAR2(6)
 ZIP_CODE_4: VARCHAR2(4)
 PHONE_NBR: VARCHAR2(13)
 CEO: VARCHAR2(50)
 FIPSS: VARCHAR2(10)
 COUNTY: VARCHAR2(50)
 MSANUM: VARCHAR2(12)
 MSANAME: VARCHAR2(50)
 CENSUS_ID: VARCHAR2(20)
 X_LONGITUDE: VARCHAR2(15)
 Y_LATITUDE: VARCHAR2(15)
 SRVC_CD: VARCHAR2(5)
 CTRL_CD: VARCHAR2(5)
 LOS_CD: VARCHAR2(5)
 UNV_HSPTL_IND: VARCHAR2(1)
 TCH_HSPTL_IND: VARCHAR2(1)
 TEACHHOSP_IND: VARCHAR2(1)
 RESIDENCY_IND: VARCHAR2(1)
 MED_SCHL_IND: VARCHAR2(1)
 ALLIED_SCHL_IND: VARCHAR2(1)
 JCAHO_IND: VARCHAR2(1)
 MEDICARE_IND: VARCHAR2(1)
 CANCERCTR_IND: VARCHAR2(1)
 CLOSED_IND: VARCHAR2(1)
 CREATION_DATE: DATE
 UPDATE_DATE: DATE

HMS_LICENSE

CONTACT_ID: NUMBER(7)
 LICENSE_STATE_CD: VARCHAR2(2)
 INVESTIGATOR_ID: CHAR(18)

LICENSE_YEAR: NUMBER(4)
 CREATION_DATE: DATE
 UPDATE_DATE: DATE

22E

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FDA_1572_STAT

CONTACT_ID: NUMBER(8)
INVESTIGATOR_ID: CHAR(18)
NUM_TRIALS_LAST5: INTEGER
NUM_TRIALS_LAST4: INTEGER
NUM_TRIALS_LAST3: INTEGER
NUM_TRIALS_LAST2: INTEGER
NUM_TRIALS_LAST1: INTEGER
TOTAL_TRIALS_LIFETIME: INTEGER
FIRST_YEAR: INTEGER
LAST_YEAR: INTEGER
UPDATE_DATE: DATE

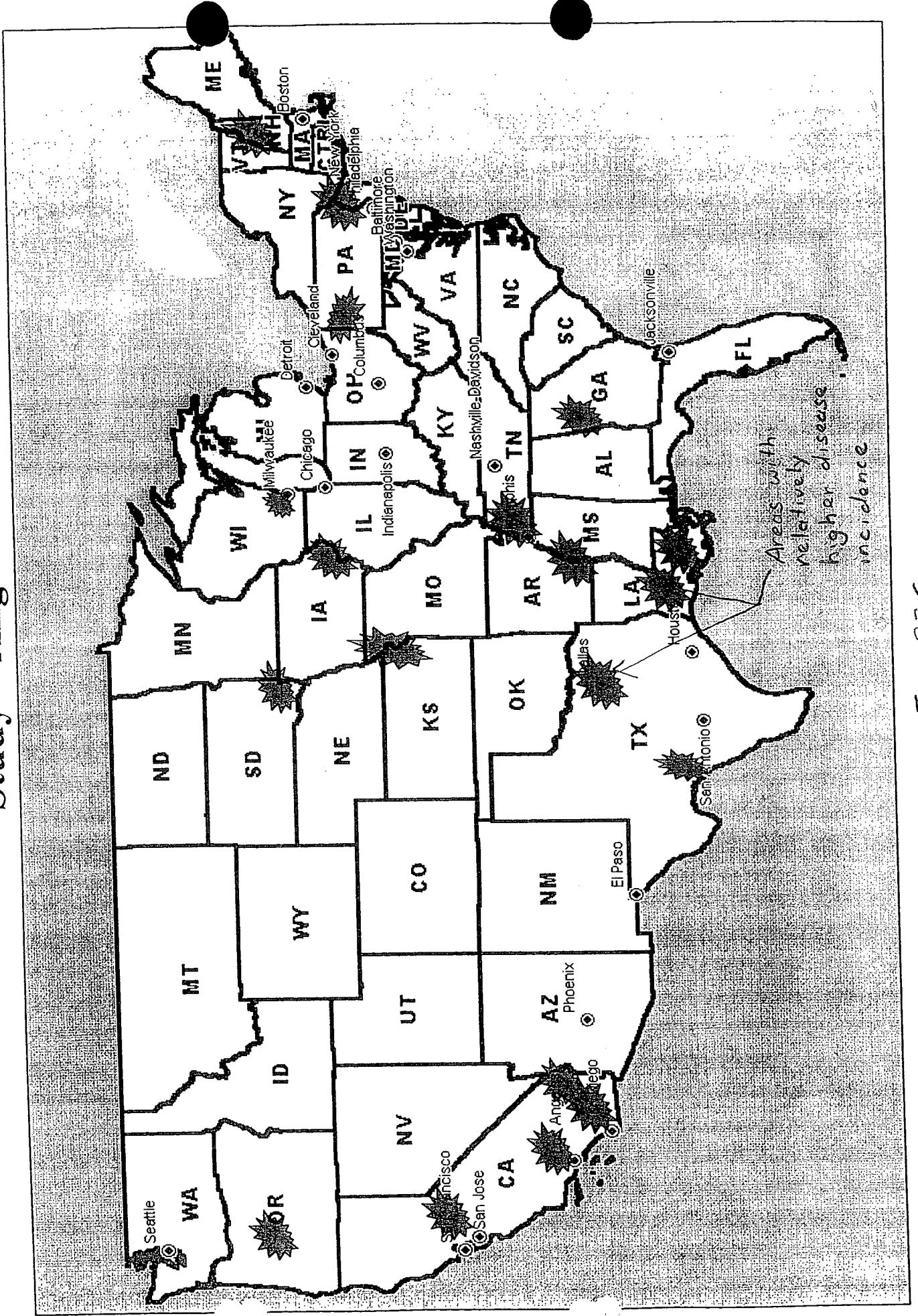
FDA 483

CONTACT_ID: NUMBER(7)
FDA_DFCNCY_ID: NUMBER(8)
CONTACT_ID: NUMBER(7)
INVESTIGATOR_ID: CHAR(18)
HMS_ID: VARCHAR2(12)
LAST_NAME: VARCHAR2(100)
FIRST_NAME: VARCHAR2(25)
ORG: VARCHAR2(100)
ADDRESS: VARCHAR2(100)
CITY: VARCHAR2(35)
STATE: VARCHAR2(2)
ZIP_CODE: VARCHAR2(14)
COUNTRY: VARCHAR2(60)
INSPCTN_DATE: DATE
CLSSFCTN_TYP: VARCHAR2(2)
CLSSFCTN_CD: VARCHAR2(5)
DFCNCY_CD: NUMBER(2)
CREATION_DATE: DATE

FDA_1572

CONTACT_ID: NUMBER(7)
FDA_1572_ID: NUMBER(7)
INVESTIGATOR_ID: CHAR(18)
HMS_ID: VARCHAR2(12)
LAST_NAME: VARCHAR2(100)
FIRST_NAME: VARCHAR2(25)
MIDDLE_INITIAL: VARCHAR2(1)
SUFFIX: VARCHAR2(5)
CRED1: VARCHAR2(8)
ORGNAME: VARCHAR2(100)
ADDRESS: VARCHAR2(100)
CITY: VARCHAR2(35)
STATE: VARCHAR2(2)
ZIP_CODE: VARCHAR2(14)
COUNTRY: VARCHAR2(60)
YEAR: NUMBER(4)
RECEIPT_DATE: DATE
RECEIPT_YEAR: NUMBER(4)
ORG_TYPE: VARCHAR2(3)
CREATION_DATE: DATE

77/69
Step 1
Disease Incidence Search
Study -- Angina

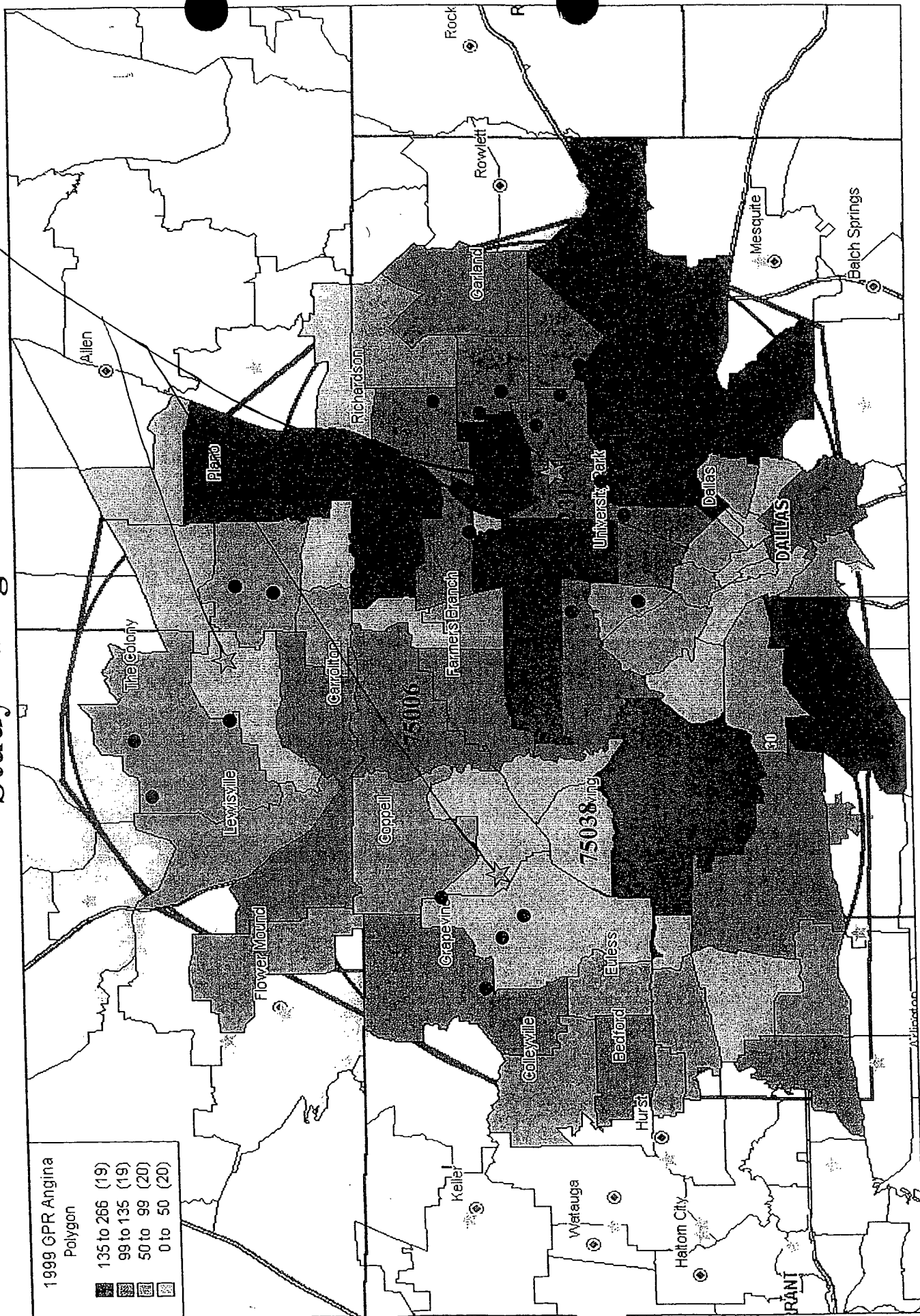


7/8/89

Eligible
Investigator
Sites

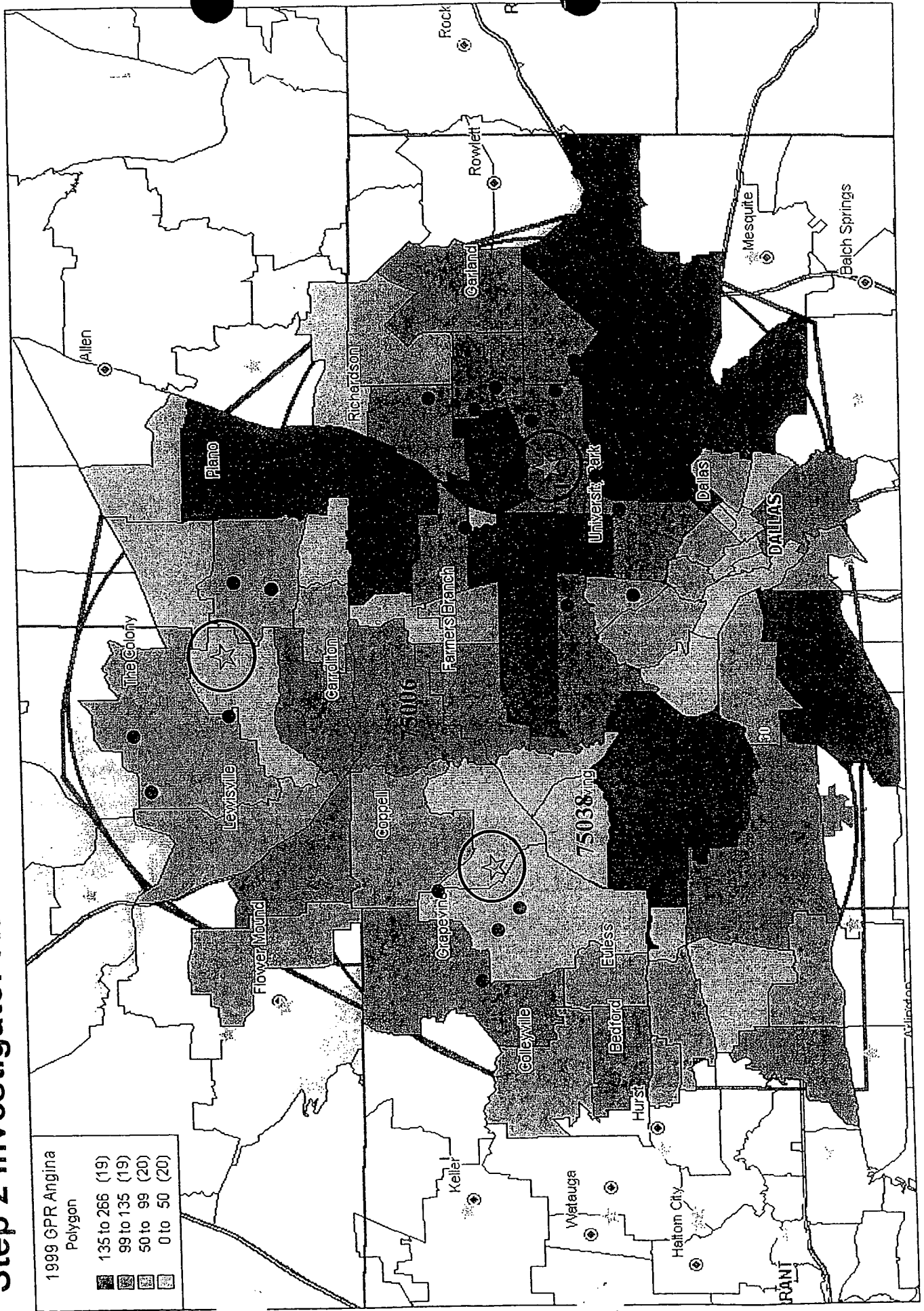
Step 1 Dallas - Fort Worth Area

Study - Angina



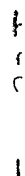
7/1/99
TODAY "SHEEP"

Step 2 Investigator Recruitment / Screening Case Study – Angina



6/6/08

Step 3 Investigator Selection

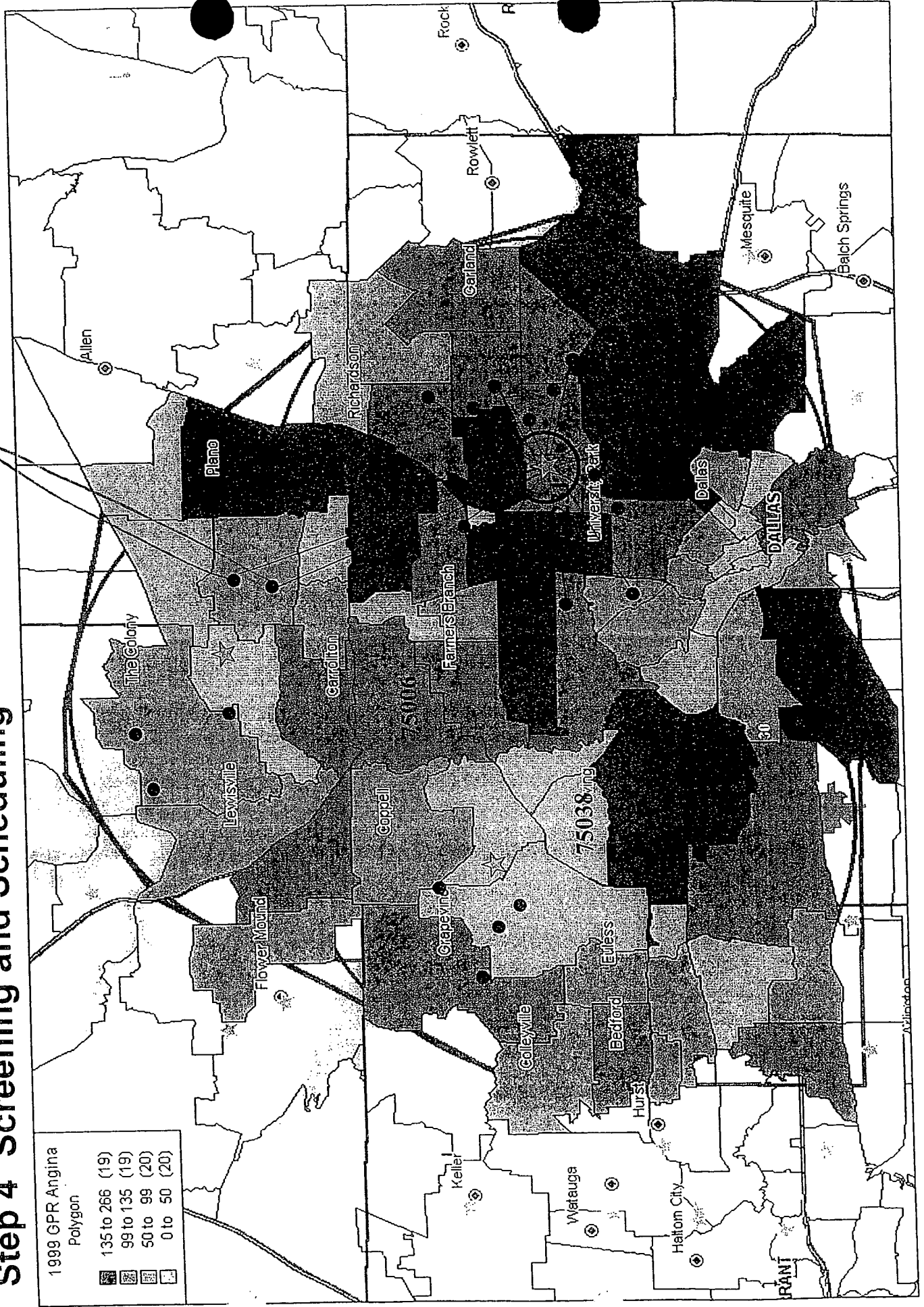


8/1/99
T030103000

Patient Sites

Case Study - Angina

Step 4 Screening and Scheduling



8/2/09

Smith, John

Specialty Cardiovascular Disease
Internal Medicine

CV

Contact Information	Primary Research Facility	Study Staff	Trial Experience	Provider	Hospital	Prismatic View
------------------------	---------------------------------	----------------	---------------------	----------	----------	-------------------

Yellow = ABC Pharma Trial

Indication	Start Date	Enrollment Commitment	Evaluable Patients	Timeframe (months)	Enrollment Percentage	ABC Pharma Rank
APT	1/15/2001	12	8	12	70%	4
CHF	11/1/2000	10	9	9	90%	
CHF	10/5/2000	10	9	9	90%	
CHD	7/1/2000	8	3	6	40%	2
CAD	6/1/1999	15	12	6	80%	
CHT	2/15/1999	8	7	10	90%	4
CHF	3/1/1998	10	8	12	80%	3
CHD	3/22/1997	6	4	10	60%	
CHD	6/1/1996	8	6	10	80%	

Aggregated
data

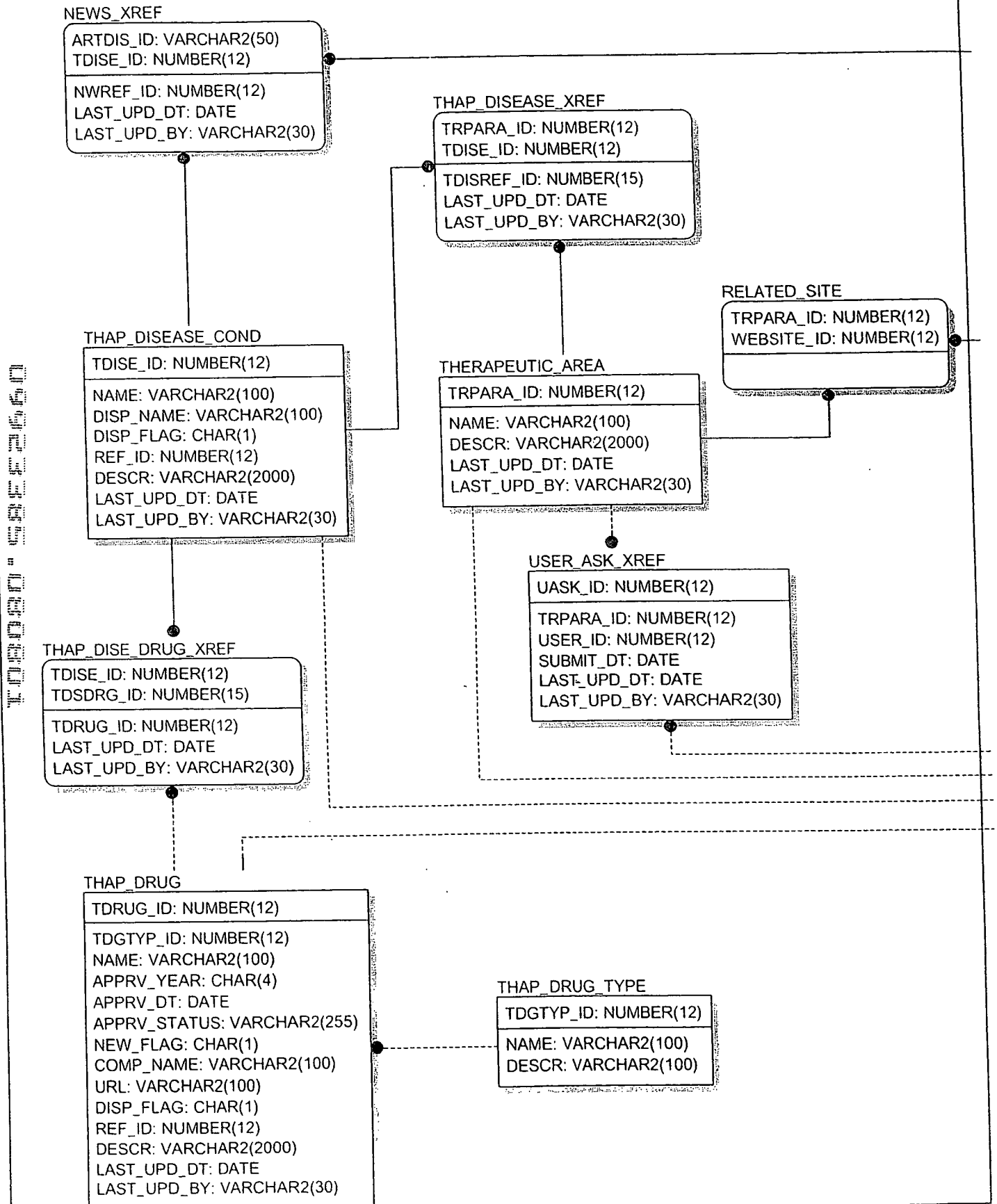
(2302)

Data
supplied by
sponsor
viewing
screen

(2304)

Fig. 23

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2400
3Fig.
24A

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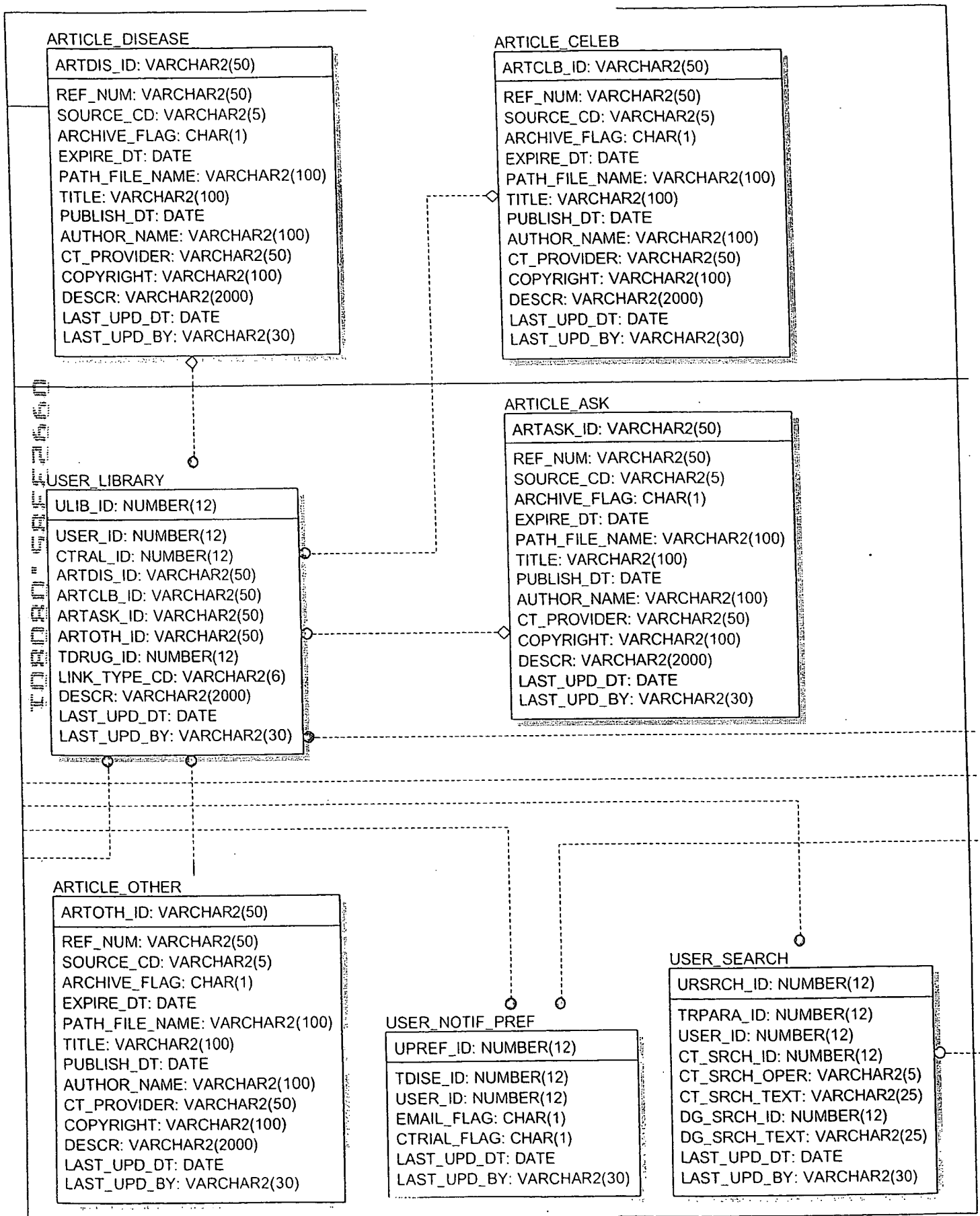


Fig. 24B

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WEBSITE

WEBSITE_ID: NUMBER(12)
 ADDR_ID: NUMBER(12)
 SHORT_NAME: VARCHAR2(50)
 DISPLAY_NAME: VARCHAR2(100)
 REFERAL_SITE_IND: VARCHAR2(5)
 URL: VARCHAR2(100)
 LAST_UPD_DT: DATE
 LAST_UPD_BY: VARCHAR2(30)

ADDRESS

ADDR_ID: NUMBER(12)
 ADDR_LINE1: VARCHAR2(50)
 ADDR_LINE2: VARCHAR2(50)
 ADDR_LINE3: VARCHAR2(50)
 CITY: VARCHAR2(50)
 STATE_CD: VARCHAR2(5)
 ZIP_CODE: VARCHAR2(10)
 PROVINCE: VARCHAR2(50)
 COUNTRY: VARCHAR2(15)
 PHONE1_AREA: VARCHAR2(10)
 PHONE1_NUM: VARCHAR2(10)
 PHONE1_EXT: VARCHAR2(10)
 PHONE2_AREA: VARCHAR2(10)
 PHONE2_NUM: VARCHAR2(10)
 PHONE2_EXT: VARCHAR2(10)
 LAST_UPD_DT: DATE
 LAST_UPD_BY: VARCHAR2(30)

USER_TRIAL

USTRL_ID: NUMBER(12)
 ADDR_ID: NUMBER(12)
 USER_ID: NUMBER(12)
 EMAIL_FLAG: CHAR(1)
 PHONE_FLAG: CHAR(1)
 MAIL_FLAG: CHAR(1)
 LNAME: VARCHAR2(50)
 FNAME: VARCHAR2(50)
 EMAIL: VARCHAR2(100)
 DESCR: VARCHAR2(2000)
 LAST_UPD_DT: DATE
 LAST_UPD_BY: VARCHAR2(30)
 CTRL_ID: NUMBER(12)

USER

2420
 USER_ID: NUMBER(12)
 CMPY_ID: NUMBER(12)
 ADDR_ID: NUMBER(12)
 USERNAME: VARCHAR2(50)
 PASSWORD: VARCHAR2(50)
 EMAIL: VARCHAR2(100)
 HINT_QUES: VARCHAR2(100)
 HINT_ANS: VARCHAR2(100)
 LNAME: VARCHAR2(50)
 FNAME: VARCHAR2(50)
 MNAME: VARCHAR2(50)
 SEX_CD: VARCHAR2(5)
 MYSELF_FLAG: CHAR(1)
 ACTIVE_FLAG: CHAR(1)
 INACTIVE_DT: DATE
 PRF_EMAIL_FLAG: CHAR(1)
 PRF_PHONE_FLAG: CHAR(1)
 PRF_MAIL_FLAG: CHAR(1)
 CONTC_TIME_CD: VARCHAR2(5)
 TRAVEL_CD: VARCHAR2(5)
 SHOW_LIB_FLAG: CHAR(1)
 SHOW_PROF_FLAG: CHAR(1)
 DESCR: VARCHAR2(2000)
 LAST_UPD_DT: DATE
 LAST_UPD_BY: VARCHAR2(30)
 ASK_FLAG: CHAR(1)
 LAST_NOTIF_DT: DATE

USER_LOGIN_POLICY

URPCY_ID: NUMBER(12)
 USER_ID: NUMBER(12)
 LOGIN_COUNT: NUMBER(5)
 ALLOW_LOGIN_DT: DATE
 RECOVERY_COUNT: NUMBER(5)
 RECOVERY_KEY: VARCHAR2(100)
 RECOVERY_ALLOW_DT: DATE
 RECOVERY_DT: DATE
 PASSWD_UPD_DT: DATE
 LAST_UPD_DT: DATE
 LAST_UPD_BY: VARCHAR2(30)
 CURRENT_LOGIN_DT: DATE
 LAST_LOGIN_DT: DATE

USER_REFERRAL

URFAL_ID: NUMBER(12)
 USER_ID: NUMBER(12)
 EMAIL: VARCHAR2(100)
 LAST_UPD_DT: DATE
 LAST_UPD_BY: VARCHAR2(30)

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ACURIAN_CONTENT_TYPE

CONTYP_ID: NUMBER(12)
NAME: VARCHAR2(100)
DESCR: VARCHAR2(100)

ACURIAN_NOTIFICATION

NOTIF_ID: NUMBER(12)
NOTIF_TYPE: VARCHAR2(100)
NOTIF_DESC: VARCHAR2(100)
LAST_NOTIF_DT: DATE

ACURIAN_PUBLISH

PUBLISH_ID: NUMBER(12)
CONTYP_ID: NUMBER(12)
PUBLISH_DATE: DATE
TRPARA_ID: NUMBER(12)

FIG. 24D

Fig. 24D

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← 2500

ACR MRGD TRIAL LISTING

ACULN_COMPANY

COMPANY_ID: NUMBER(8)
DESCRIPTION: VARCHAR2(132)
COMPANY_NAME: VARCHAR2(32)
TYPE_CD: VARCHAR2(6)

ACR_MRGD_TRIAL_LISTING

SOURCE_CD: VARCHAR2(6)
TRIAL_LISTING_ID: VARCHAR2(30)
SPONSOR_COMPANY_ID: NUMBER(8)
HEADER_TXT: VARCHAR2(200)
DETAIL_TXT: BLOB(4000)
DETAIL_TXT_URL: VARCHAR2(200)
SORT_PRIORITY_CD: VARCHAR2(6)
DISPLAY_IND: VARCHAR2(1)
DISPLAY_START_DATE: DATE
DISPLAY_END_DATE: DATE
CREATE_DATE: DATE
UPDATE_DATE: DATE

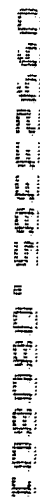
ACR_MRGD_TRIAL_INDICATION

SOURCE_CD: VARCHAR2(6)
TRIAL_LISTING_ID: VARCHAR2(30)
THERAPEUTIC_AREA_CD: VARCHAR2(6)
INDICATION_CD: VARCHAR2(6)

ACR_MRGD_TRIAL_SITE

SOURCE_CD: VARCHAR2(6)
TRIAL_LISTING_ID: VARCHAR2(30)
TRIAL_SITE_ID: NUMBER(8)
SITE_TXT: VARCHAR2(800)
SITE_TXT_URL: VARCHAR2(200)
STREET1: VARCHAR2(100)
STREET2: VARCHAR2(100)
CITY: VARCHAR2(30)
STATE: VARCHAR2(2)
ZIP: NUMBER(5)
ZIP4: NUMBER(4)

Fig. 25



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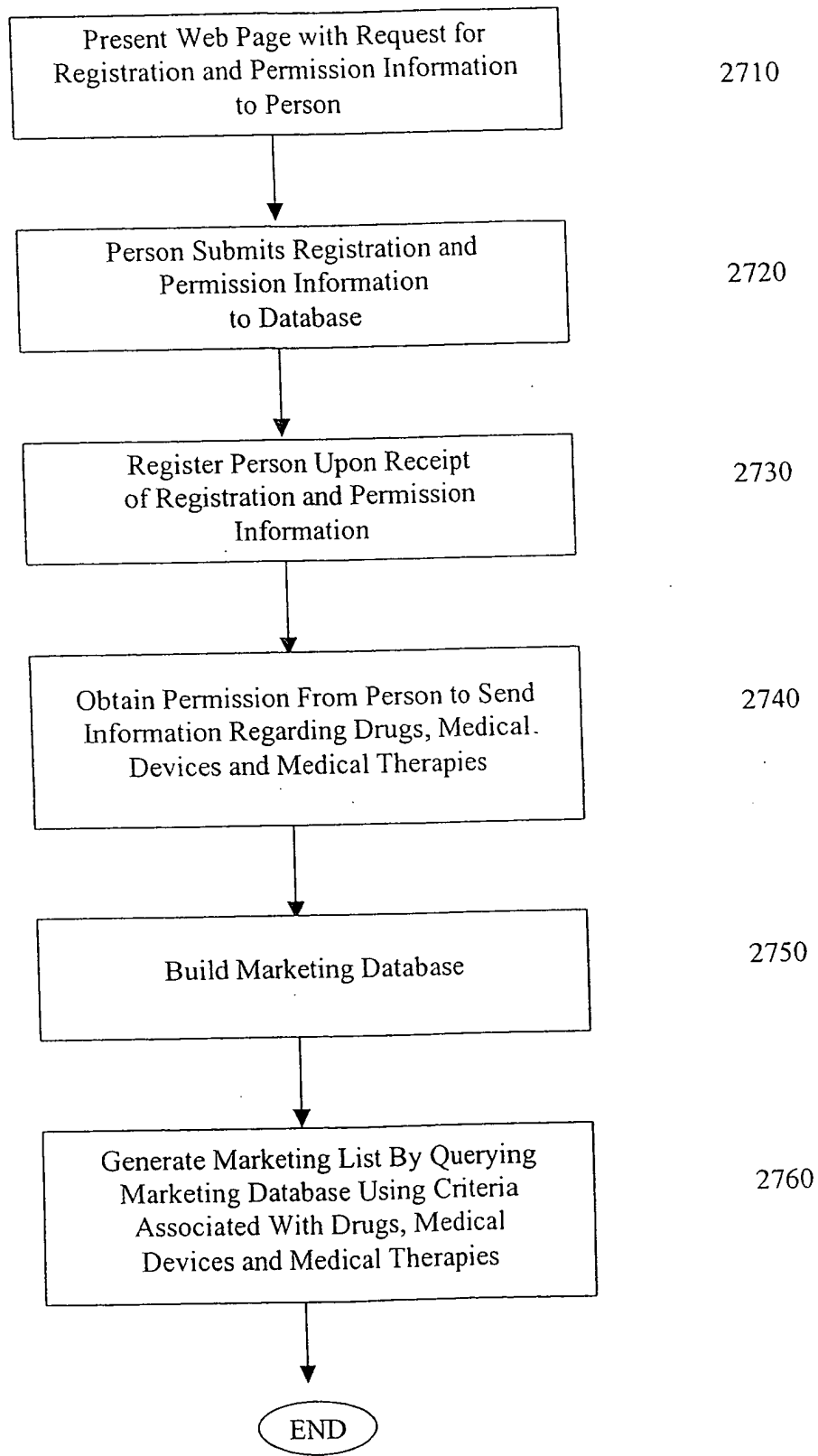


FIG. 27